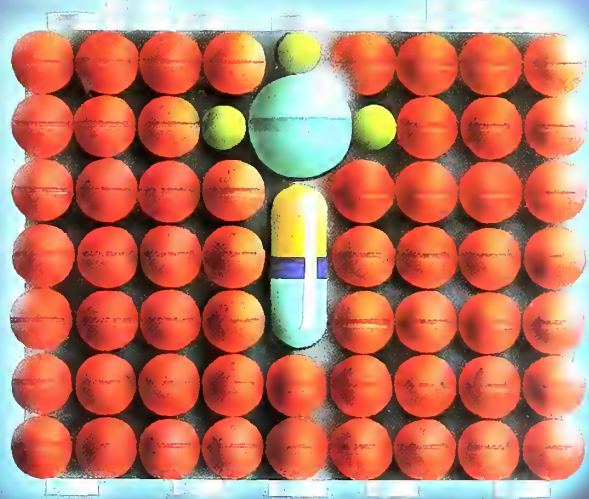


# CHEMIST & DRUGGIST

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September 25, 1993

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**Nick Wood  
seeks action  
on roles**

**Pharmacists to  
tailor therapy**

**DoH push PSNC  
to close on pay:  
LPCs meet Oct 3**

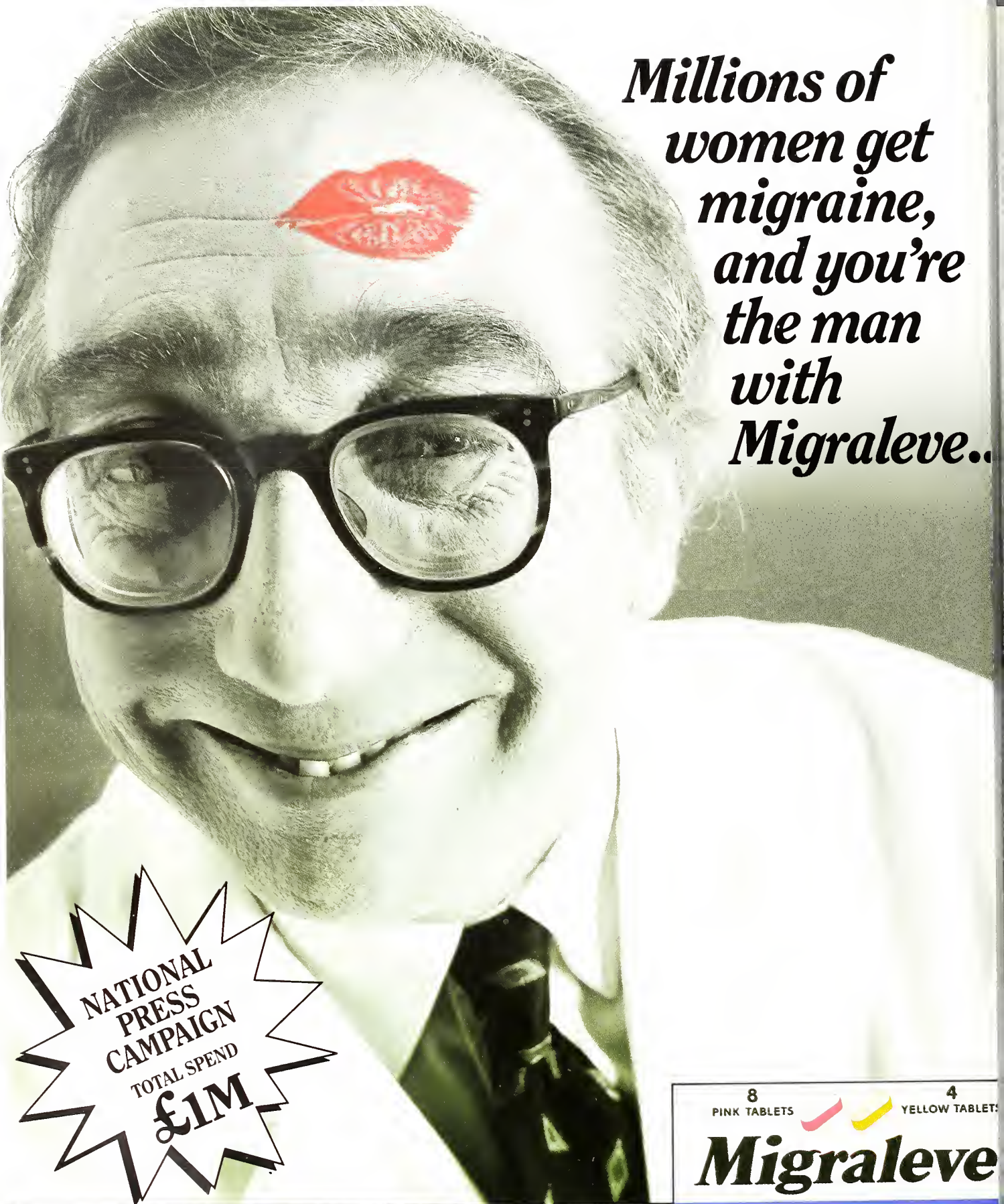
**Hemant Patel:  
C&D profile**

**Guild hopeful  
on pay deal**

**Zantac wins US  
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**How to audit  
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## Comment

One year on from the British Pharmaceutical Conference in Birmingham and, at first sight, little seems to have changed, judging by the Departmental speeches offered up by the respective Ministers Mawhinney and Sackville. The Government line is still to brandish notional praises on the service which pharmacists give the public through the NHS, while offering little or no extra cash reward.

This year professional audit for pharmacists is, rightly, just around the corner. But the practices that are likely to be reviewed for professional allowances seem destined to be disparate and designed for local needs — the very antithesis of a national pharmaceutical health service.

And while Junior Health Minister Tom Sackville went through the motions in front of the profession's leaders in Reading, hatchet man Melvyn Jeremiah, civil servant of the Crown, was putting community pharmacy negotiators under chess-like time pressure just two days ahead of a key negotiating meeting on September 23 (see p525).

Fundamental differences on pay have arisen ever since PSNC first acquiesced to the principle, then rejected the actual new pay structure formula which punished the small pharmacy for being small, irrespective of the quality of service provided. Mr Sackville and Society president Nicholas Wood both acknowledged the success of the pharmacy campaign against closures. Both recognised the

value of the pharmacist in promoting cheaper healthcare over-the-counter. But, of course, Mr Wood would not say: "Yes, Minister, do it at our expense".

The president spoke out resolutely in favour of ever better pharmaceutical care through a continually educated, audited, informed and supportive profession, which is prepared to mix and match with the best that other health specialists can offer for a seamless service for the benefit of a self-sufficient populace. He talked tough on material rewards in an attempt to bolster a beleaguered PSNC. But it may be too late to talk up pay.

What is important for pharmacy, Government and fellow health professionals in primary healthcare is to put in place an interdependent public service that enables all people in all places to have access to the best of health through the best of care at an affordable price. Pharmacy, its public and their Government must be able to match the real cost of the service or it will collapse through lack of funding. That is in the interests of no one.

It is time for statesmanship of the highest order on all sides and time to shelve party politics. Government should beware of unleashing its market forces god on pharmacy, the most cost-effective healthcare sector. GP dispensing is too expensive, is open to abuse, is not audited and needs axing. Pharmacists simply do it better!



# Time to end the uncertainty

Community pharmacists have had enough of reports with positive things to say about pharmacy services. They want to see some of the recommendations implemented, Society president Nicholas Wood told the British Pharmaceutical Conference on Tuesday. It is unreasonable to face the profession with so many uncertainties over remuneration, he told Junior Health Minister Tom Sackville

The Government's proposals to restructure NHS remuneration for community pharmacists have overshadowed much of 1993. Yet the Society has a vital interest in ensuring the public continues to have convenient access to full pharmaceutical services.

The publicity campaign against the original remuneration proposals from the Department of Health, in which the Society was intimately involved, demonstrated the value the public place on their local pharmacy, Mr Wood said.

"Their perception is that the pharmacy does make a *demonstrable contribution* to the NHS."

He went on to say that the Society's working party on access to pharmaceutical services had produced "sound and sensible criteria" for determining when a pharmacy was essential. An alternative criterion based on distance alone may in the long run be too simplistic, he warned.

The working group is now looking at the wider question of public access at a time when the decisions being taken on doctor dispensing are flying in the face of the principles which underly the NHS.

"We have recently seen decisions which result in doctor dispensing facilities in the centre of towns which already have several pharmacies," said Mr Wood. "That cannot be sensible on any grounds, including that of cost."

Recent research (*BMJ* May 8) has shown that dispensing practices have higher prescribing costs per patient than non-dispensing practices.

The Society is still concerned that far too much emphasis is put on prescription numbers as a measure of the effectiveness of pharmacy services.

"It is no measure at all of a pharmacy's contribution to the health services in the widest sense; the sense set out so clearly as the Government's own policy in the 'Health of the Nation'," said Mr Wood.

## Pay structure

Any new pay structure must support not only pharmacies tied in with health centres or in busy shopping areas, but also those on housing estates, in suburban parades and in rural areas.

"The Society will strive to ensure the NHS framework provides support for these pharmacies, not least because such pharmacies, away from busy



RPSGP president Nicholas Wood: "sound and sensible criteria"

town centres, will be needed by the Government for the proper implementation of its own community care policy," pledged Mr Wood.

Problems also provide opportunities, and pharmacy has

**"The great enthusiasm of community pharmacists for the continuing education courses now being provided is a tribute to their willingness to improve still further the quality of the service they provide"**

demonstrated over the years its adaptability. Few health professions are closer to the public, and no health minister has ever had to face a serious general complaint about the quality or effectiveness of pharmaceutical services, Mr Wood reminded Mr Sackville.

DoH research shows that most consumers are very satisfied with the quality of service they receive. MORI research carried out for the National Consumer Council put pharmacists at the top of the list of those taking best care of their consumers.

"We want to be given the opportunity of continuing to do that," said Mr Wood. "The great

enthusiasm of community pharmacists for the continuing education courses now being provided is a tribute to their willingness to improve still further the quality of the service they provide."

It is not reasonable to face the profession with so many uncertainties as it has seen recently, the president continued. This was "undoubtedly the case" when pharmacists were told, without any real detail, that before long 20 per cent of the total sum available for NHS remuneration will be negotiable at local level.

This 20 per cent — a reduction in the sum for professional fees for the core role of dispensing — is to be distributed through FHSAs purchasing the additional services they wish to provide under guidelines issued by the Department.

"There will be no guarantee that a contractor who is fully equipped, both in terms of staff and facilities, to provide a particular service will be given the chance," warned Mr Wood. "One FHSA might give all its pharmacies the opportunity; another might offer contracts to relatively few."

"This uncertainty could continue on an annual basis."

## Uneven care

The Society is bound to be concerned over such a development if it leads to uneven provision of pharmaceutical care.

"Any development that mitigates against that cannot be good policy," stated Mr Wood.

Community pharmacists have been bombarded by reports recently — from the Public Accounts Committee, the

National Audit Office and the Audit Commission to name but a few, Mr Wood explained.

At least two further major reports on prescribing practices are promised from the Audit Commission and from the House of Commons' Health Committee.

## Working hard

"Community pharmacists have seen enough reports containing positive recommendations relating to pharmaceutical services," he said. "They now want to see implementation of these recommendations."

Pharmacists have worked hard to implement those proposals which could be put in place without the support — financial or otherwise — of the Department, he said. The Society has been urging that resources



Rajinder Sohpal, mayor of Reading welcoming delegates to the town at the opening session in the Hexagon

should be made available for major pilot projects on other recommendations.

Mr Wood singled out repeat dispensing and the involvement of community pharmacists in adverse drug reaction reporting as two areas of interest.

The Society had been "somewhat taken aback" to be told that resources can only be made available for a pilot on one of the Working Party's recommendation if it can be shown in advance that cost savings would result.

"We are confident that in the case of repeat dispensing, the involvement of pharmacist



would save overall on cost and improve the quality of care."

Positive discussions are now taking place, but he said the delay was frustrating.

Similar delays face plans to involve pharmacists in ADR reporting. The Society was told last month that the project has been placed on hold for budgetary reasons. It will be reconsidered when the MCA budgeting exercise is completed later this year.

But Mr Wood was more positive about progress on audit. The Council sees the development of audit as its principal strategy for enhancing the performance of pharmacists. The DoH has financed the appointment of an audit development fellow at the Society for 12 months.

Mr Wood also made a plea for further funding. The amount provided for pharmacy is a tiny fraction of the support given to other health professions, and he hoped the Department's support would continue.

### Hospital education

Pharmacy is an integral part of the hospital team, although hospital pharmacists seem to have practised in an environment of administrative reorganisation for at least the past three decades.

"There is, however, great concern about the lack of any policy for training and development," said Mr Wood. "This is vital as hospital pharmacists must respond quickly to innovation in medicine. They are at the forefront of the introduction of biotechnology products, which are totally different from the chemically-based medicines of the past."

The expertise of hospital pharmacists should also be used to support patients who are managed in the community on cancer chemotherapy and intravenous feeding regimes, he said. Pharmacy departments should be resourced to enable pharmacists to assist in early discharge and contribute to discharge planning so necessary for seamless care.



Parliamentary Under-Secretary for Health Tom Sackville addresses conference while the platform party looks on. From right to left are: Ian Simpson, chairman of BPC local committee; Bill Darling, RPSGB treasurer; Professor Malcolm Rowland, BPC science chairman; Nicholas Wood, president; Rajinder Sohal, mayor of Reading; Ann Lewis, vice-president; John Ferguson, secretary and registrar; and Mike Beaman, secretary BPC local committee

## Minister Sackville does not reveal all

**While underlining that pharmacy had a prominent role in maintaining the health of the nation, at the opening session Junior Health Minister Tom Sackville held out no olive branches on pay or pharmacy closures but offered audit, pay for local practices, and more potent OTCs as the profession's salvation**

The Government wants to maintain and improve the provision of dispensing services to local communities, within the resources available, said Mr Sackville.

"One of the issues we want to explore is how we can give family health services authorities better tools for targeting resources at areas of need."

"At the same time, it is important that the service is efficient and gives the taxpayer value for money for the £630 million we now spend each year on pharmacists' fees."

Mr Sackville said efficiency goes hand in hand with quality. Standards were already high in the community pharmacy service, but even the best-managed organisations needed to strive to improve their performance.

"In community pharmacy, the Government wants a structure in which all pharmacies are encouraged to raise their standards to the level of the best."

The Minister announced a new distance learning package for pharmacists, "Moving to Audit — an Educational Package for Pharmacists". He said pharmacists are "challenged" through it to provide examples of audit in community or hospital service for anonymous peer review.

"If I can paraphrase a speaker at the BPC this week, Professor Doug Heppler: 'Involvement in audit leads to the discovery of pharmaceutical care, and who knows where that will lead?'"

Until recently the contribution of pharmacists to the health service had been overlooked, said the Minister, because the NHS management focus might have been elsewhere. Change was beginning.

"I have been encouraged by exciting developments taking place across the country in the provision of services to residential homes and to hospices, in treatment review, in advice to GPs and in the field of health promotion."

Mr Sackville announced that the Pharmacy Practice Research Resource Centre is to launch a "step by step guide to research" which would enable community pharmacists to participate in research on pharmacy interventions. A Resource Centre conference in December would consider how to pay pharmacists to meet patients' needs.

Self-medication fitted well with the philosophy behind the

Government's "Health of the Nation" strategy of making the patient more interested and committed to their own wellbeing.

"It provides them with the freedom to determine for themselves what medicines they will use," said Mr Sackville. "It uses the professional expertise which is on hand in over 11,000 community pharmacies in Great Britain; and it helps ensure family doctors' time and resources are used most effectively."

"It also provides manufacturers with new markets as medicines approach patent expiry and governments look to reduce the rate of growth in public sector spending on pharmaceuticals."

On NHS contractor pay, Mr Sackville said little, leaving under-secretary Melvyn Jeremiah to fire a salvo at the Pharmaceutical Services Negotiating Committee (see p525) in advance of its plenary meeting on Thursday, September 23, scheduled to take place after *Chemist & Druggist* had closed for press.

"I firmly believe we have a package which will encourage and support the development of community pharmacy through the rest of the decade and beyond," quoth the Minister.

If "Health of the Nation" was to make any progress, Government had to ensure that there was commitment and ownership across a broad spectrum of society. The BPC theme for Reading was proof that progress was being made.

"I believe that pharmacy has a significant role to play in delivering the health of the nation," the Minister concluded.



Society treasurer Bill Darling (right) gets the message across to junior Health Minister Tom Sackville (left) before Mr Sackville and the president Nicholas Wood addressed the BPC opening session



# Welcome to Reading



Delegates to the last British Pharmaceutical Conference in its present format gathered in the Students' Union at Reading University last Monday. C&D's roving camera team captured the moment at the 130th BPC.



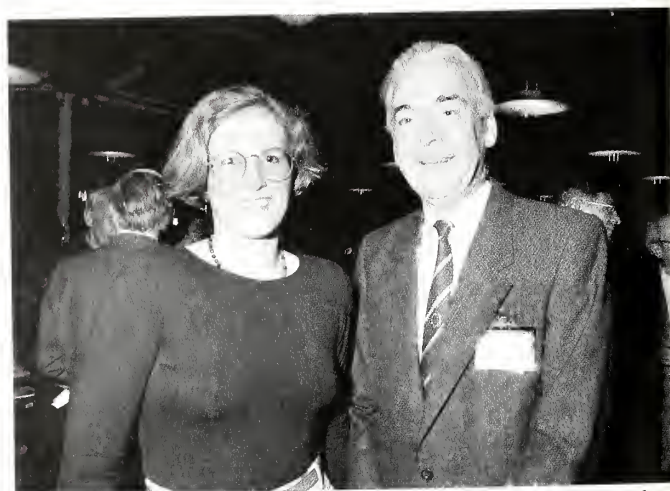
Martyn Blundell (left), chairman of the Torbay Branch of the Society, at the Young Pharmacists' Group reception on Monday night, along with YPG secretary Helen Boardman, a community pharmacist from Evesham; Thomas John, Branch chairman from Bro-Myrdin; Shropshire Branch chairman Helen Rowland-Jones; and Clive Hodgson (right) from Torbay Hospital



Forbes Powrie of Suffolk FHSA (left) chats at the Institute of Pharmacy Management reception on Monday with IPMI chairman Ian Jones, professor of pharmacy practice at Portsmouth, and immediate past-president of the Society, community pharmacist David Coleman from Norwich



The Scottish contingent at the welcome reception (from left): Avril Dickie, a community pharmacist from Dundee; Dr Gordon Jefferson, secretary of the Society's Scottish executive; his chairwoman Patricia Duncan; Jean Jefferson; and Marian McCall, secretary of the Society's Edinburgh & Lothian Branch



Colette McCreedy, head of public affairs at the National Pharmaceutical Association, talks to RPSGB secretary and registrar John Ferguson



Boaters replaced ties as this year's Conference memento. BPSA president Gianpiero Celino tries to sell CPPE director and RPSGB Council member Alison Blenkinsopp (left) and Emily Kennedy, a teacher practitioner from Robert Gordon University (right), just one Cornetto



Quite a crowd here! From the left: RPSGB Council member John Carr; Guild of Hospital Pharmacists' professional secretary Bill Brookes; Robert Leach from Grange over Sands; Mervyn Madge, chairman of the British Homoeopathic Association; Marion Hodges, a pharmacy consultant; John Barfield, a former RPhO from SE Thames; and RPSGB Council member Dr Gordon Applebe

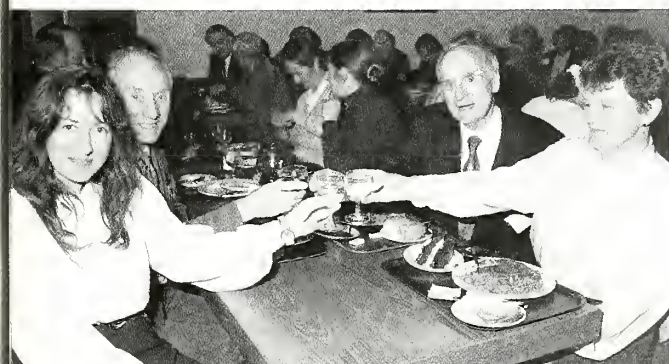




Branch chairwoman and member of the 1993 BPC committee Patricia Hoare with Conference science chairman Professor Malcolm Rowland from Manchester



Left to right) Royal Navy principal pharmacist Brian Hardy from Plymouth enjoys post-dinner repartee with John Wilson from Nottingham; Manchester DPhO Laurie Goldberg; Christine Clark, director of pharmacy, Manchester; Carol Bude, Reading; Ainley Wade from the Society's scientific publications division; newly elected Council member and PSG chairman Hemant Patel; and Dr Stephen Bennett from Blackburn



Dr Lesley Anderson from the Medicines Control Agency (left) with president of the Pharmaceutical Society of Northern Ireland Dr William Woodside; Ronnie McMullan, director of pharmaceutical services, NI Central Services Agency; and Mrs Mabel Woodside



Dr Raymond Hooper (left) of Boehringer Mannheim, Germany, and his wife Erika with pharmacy proprietors Aileen and Noel Rodley from Richmond, New Zealand



Taking time out from the Department of Pharmaceutical Sciences at the Society's headquarters in Lambeth (from left): head of scientific services Dr John Clements; Dr Louise Sugden, science secretariat; and Dr Joseph Chamberlain, editor of the *Journal of Pharmacy & Pharmacology*



Visitors from the Southern hemisphere: Professors Joan and Hugo Lombard (left and right) from the University of the North in South Africa, swap notes with Jennifer and Peter Balle from Auckland, New Zealand



Nicola Gray, vice-chairwoman of the Young Pharmacists Group and secretary of the North West Region of the Society, gets button-holed by C&D Deputy Editor Patrick Grice



Members of the 1993 organising committee shelter from the rain, courtesy of a Conference broly, (from left): committee secretary Mike Beaman; Pat Hoare, fund-raising chairman; chief steward John Kirby; and entertainments chairman Chris Ashmore



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# DoH pushes PSNC on pay — LPC conference brought forward

The Department of Health's refusal to "countenance a further delay" in concluding this year's pay deal has resulted in the Pharmaceutical Services Negotiating Committee bringing forward the planned LPC conference by three weeks.

Originally scheduled for October 24, the conference had been arranged to give the local committees time to consider the final pay offer. The conference will now be held on October 3 at the Metropole Hotel, National Exhibition Centre, Birmingham.

The shift of date came as a result of a letter sent to PSNC chairman David Sharpe from under-secretary at the DoH Melvyn Jeremiah.

In it, Mr Jeremiah says that ministers were "most concerned" that the debate on the longer-term arrangements had held up the settlement for this year.

"They wish to bring this to a conclusion and hope that the PSNC will be able to agree that the 1993-94 settlement should now be made so as to put the new fee structure in place from November 1."

Noting PSNC's proposed "lengthy" consultation process on the revised offer, Mr Jeremiah says ministers are not prepared to countenance such a delay when consultations have already stretched over six months since the offer on March 12.

Ministers have made it clear that, should it become necessary to impose a settlement this year, "their attitude towards the course of future consultations with the PSNC will be very much influenced by the prolonged nature of this year's discussion".

In his reply, Mr Sharpe said he

could not accept any implication that the protracted nature of this year's negotiations stemmed from PSNC procrastination.

He pointed out that PSNC's formal claim for 1993/94 was submitted on December 16 last year but the DoH's first offer was put on the table on March 12, only three weeks before the start of the financial year.

Also he says the revised proposals are "significantly different" to those set out in March and "bear little resemblance to the alternative ways forward considered at officer level meetings".

"All this heightens the importance of the PSNC fulfilling its duty to contractors through holding an LPC conference. This conference is something to which we have been committed by a decision of LPCs themselves."

• Avon LPC is holding a meeting to discuss the DoH's offer on September 28 at Gloucester County Cricket Club, Nevil Road, Bristol (7-7.30pm).

Secretary Alister Rutherford is scathing about the situation and the way PSNC has handled it.

"It's unpleasant and I don't agree with it but they should have seen it coming," he told C&D.

"I'm very despondent at the lack of imagination shown all along."

PSNC member John Kirby, who heard the news at the BPC on Tuesday, said he was incensed. The first thing he would ask at the next PSNC meeting was why the conference was brought forward without any consultation with the Committee: "It smacks of kowtowing to the Department."

Hemant Patel, PSG chairman, said: "This comes at a time when there is more than ever a need to study the terms of the offer in detail. One thing you learn is that the DoH keeps moving the goal posts."

## DoH clarifies detail of revised pay offer

The Government has clarified details of the revised pay offer for community pharmacy (C&D August 14, p244) and adjusted the dispensing fee to take account of November 1 implementation.

In his letter to PSNC chairman David Sharpe, Melvyn Jeremiah says there has been a change in the proposed level of dispensing

fees as the figures proposed in August (138p for the first 1,700 and 97.5p after) were based on a September 1 implementation. The two new levels — 135p for the first 1,700 and 94.5p after that — also take account of recovery, by equal reductions from each fee, of last year's overpayment.

The DoH has also spelt out the

qualifying conditions for the interim professional allowance. To qualify, contractors should display up to eight health promotion leaflets as requested by their family health services authority and provide a practice leaflet.

This should include:

- a list of pharmaceutical services provided
- name, address, telephone number and opening hours
- emergency and rota services
- procedure by which a person may comment on the services
- a declaration to the effect that a registered pharmacist is available on the premises at all times.

With reference to the ESPS, at the same time as the distance criterion is reduced to 1km, the DoH proposes that the target annual income should rise by 1.5 per cent to £32,040. Eligible pharmacies may be included if they have dispensed fewer than 18,050 prescriptions in any year.

## PSG joins forces with RIP

Two pharmacy pressure groups are planning to join forces in an attempt to concentrate their efforts on remuneration and to help safeguard the future of independent contractors.

The Pharmacy Support Group, formed by Hemant Patel, and Rescue the Independent Pharmacy, formed by Hassan Argomandkhah, have found themselves with common ground. RIP has broadly accepted PSG's 12-point policy document

and PSG has accepted RIP's basis of remuneration.

Mr Argomandkhah told C&D that by joining forces the two will be able to pull together, not away from each other. With PSG's strong support in the home counties and RIP's base in Liverpool, he believes there will also be geographical advantages.

Members will be asked for their comments before October 4 and a joint meeting has been pencilled in for October 10 in Manchester.



## PPRS delay in Scotland

The Scottish Pharmaceutical General Council has negotiated a delay in the reduction of drug prices implemented as a result of the new Pharmaceutical Price Regulation Scheme.

Manufacturers will be implementing the 2.5 per cent cut in the price of NHS drugs with effect from October 1. In a letter to Scottish contractors, SPGC secretary Dr Colin Virden says these reductions could have serious effects on pharmacy contractors' remuneration.

The Health Department agreed that any reduction in drug prices as a result of the new PPRS will be delayed for prescription pricing purposes by one month.



# Self-study audit courses

Pharmacists across the UK can now take advantage of initiatives on audit following the launch of two separate distance-learning packages.

In Northern Ireland, the self-study course "Pharmacy Audit: Balancing Theory and Practice" will be circulated to pharmacists during the next two weeks.

Designed to establish some fundamental education and training related to audit, it provides a description of the process of audit applied to a range of practice situations in both community and hospital practice.

The publication was initiated by the Northern Ireland Pharmacy Audit Steering Group and published by the Centre for Postgraduate Pharmaceutical Education and Training.

The second package, launched at this week's British Pharmaceutical Conference in Reading, is a collaborative venture between pharmacists from England, Scotland and Wales (see also p546).

Designed for the busy pharmacist with a view to providing a better service for patients and customers, the programme comprises a resource

book and six practical challenges. Personalised feedback is sent to each pharmacist, allowing comparison with decisions taken by colleagues and with experts in the field.

The programme is being targeted at all community and hospital pharmacists in England, Scotland and Wales and the first mailing will begin mid-October. Further challenges will be

released throughout the following year.

• For details of the Northern Ireland initiative, contact Dr Norman Morrow (0232 523279). Distribution in England, Scotland and Wales is different in each country: contact David Puce (England) on 071-735 9141; Rose Marie Parr (Scotland) on 041-552 4400; and David Temple (Wales) on 0222 874784.

## Liverpool LPC tackles rotas with three-hour contracts

Liverpool Local Pharmaceutical Committee is seeking volunteer community pharmacists to apply for three-hour contracts to cover Sunday and bank holiday rotas.

The Committee, working on a plan of the city, believes that seven or so pharmacies will be needed to cover all areas, one for each defined "territory".

Secretary Jeremy Clitherow told *C&D* that the LPC had been studying the statutory rota scheme and believes the arrangement negotiated with the family health services authority will benefit both patients and contractors alike.

The cash currently allocated to rota services will be divided equally among the volunteers.

"This is another first for Liverpool, an example of forward planning by a dynamic team," said Mr Clitherow. "The new system will represent a substantial improvement in patient care and value for taxpayers' money."

Once volunteers have come forward, the LPC will compare their location to a geographical plan of the city and then make recommendations to the FHSA regarding the rewarding of contracts.

## NI president seeks to re-establish branches

The president of the Pharmaceutical Society of Northern Ireland has written to pharmacists in various parts of the Province offering the help of Council in re-establishing district branches which have ceased to function over the past few years.

In the PSNI report for 1992-93, Dr William Woodside said the branches at Lurgan, Portadown and Armagh had continued to function successfully during the year. The Society hoped that in the near future it would have a number of active branches

throughout Northern Ireland.

The PSNI accounts for 1993 showed the Society had a surplus of income over expenditure of £26,210 compared with £8,785 last year. Income rose from £116,149 in 1992 to £141,789 in 1993 while expenditure also rose from £107,364 to £115,579.

In 1992, the President's Appeal raised £7,750 and in the 17 months to May 31, 1993, the Committee made grants amounting to £21,600.

The 68th annual meeting of the PSNI will be held at 73

University Street, Belfast, on September 30 at 7.45pm.

Six Council members will retire by rotation and are available for re-election: John Alexander Crawford, Terence Gabriel Hannawin, William Thomas Hunter, Terence Anthony Maguire, Catherine O'Rourke and William Woodside.

The Council will hold the first registration examinations in 1994. Copies of the syllabus and model questions are being circulated to trainees and tutors.

## CPP lifts three-year limit

The Governors of the College of Pharmacy Practice have agreed to lift the ruling which required pharmacists to have had three years' experience in practice before sitting the membership examination.

Pharmacists may now sit the examination immediately after they have registered, although the College is stressing that examiners will still look for evidence of a high standard of pharmacy practice and a mature approach to practice situations.

The CPP says it wishes to encourage newly qualified pharmacists to start on the preparation for the examinations. In doing so they will be assisted

by regional advisers and study group leaders.

During the past two or three years, the membership examination has attracted a greater number of community pharmacists. In the Spring, there was a 100 per cent increase in those sitting the exam and 50 per cent in the Autumn.

A community care option is replacing priority care services for Assessment B examination. The main areas of study include the history and development of community care, registration and inspection, and specific care groups such as services for the elderly, the mentally ill and those with learning disabilities.

## Hospital pay award 'soon'

The Guild of Hospital Pharmacists' Council hopes to settle this year's pay award within the next couple of weeks.

There has been a delay in settling the claim because of disagreement over how the 1.5 per cent increase should be applied. The management side is proposing that this amount should be applied across every point of the scale, but Guild Council believes this would distort the current salary structure.

Guild Council members were concerned about reports that preregistration graduates were prepared to work unpaid in order to obtain hospital posts. So far the

## Discount warning

PSNC is asking pharmacists not to participate in a survey on discount. The DoH has appointed Touche Ross to carry out the survey and has written to contractors asking them for interviews. PSNC's Godfrey Horridge says the inquiry has not been agreed with the Committee.

## SMRC on the move

The Scottish Medicines Resource Centre and Viewdata Drug Information Service have moved to Elliott House, Hillside Crescent, Edinburgh EH7 5EA (tel: 031-557 3733.)

## Parvolex colour

Evans Medical are reassuring pharmacists about batches of Parvolex (acetylcysteine injection 20 per cent w/v) after reports of a pink colour developing after opening. Batches affected are A6604K1, A6762K1, A6763K1 and A6764K1. Evans say there is no evidence of any defect.

## Huckstep is adviser

The Special Hospitals Service Authority, which manages three hospitals at Rampton, Broadmoor and Ashworth, has appointed Bernard Huckstep, principle pharmacist at Rampton, as professional adviser.

## Bayer supplies

Bayer plc have received a limited quantity of Migravess and Migravess Forte and this has been distributed to wholesalers. A small batch of Canesten powder has been released by the MCA and will be supplied to wholesalers within the next few days.

## Kaopectate prices

Because of an underfill on Kaopectate by 12.5 per cent, Upjohn are advising retailers that for the next six weeks they will be selling the product at a reduced price. The volumes and prices are: 437ml (POM), new list price £4.12 per bottle and 157ml (OTC) at £17.79 for 12 bottles.



# KNOCKOUT NEWS FROM THE BEST SELLER



Transvasin Heat Rub is a big hit! Widely prescribed and recommended by GP's for more than twenty years, it has a heavyweight reputation for providing effective relief.

So much so that it continues to be the biggest selling single heat rub pack in the topical analgesic market.

Now, here's news that will knock you out! The strongest ever brand support campaign ensures the strongest opportunity for even more profitable growth.

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Transvasin Heat Rub is now also available in a new bigger value 80g pack. So the Transvasin range of 40g, 80g, and heat spray, provides even more sales opportunities.

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PROMOTIONAL  
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- New Cupanol Paediatric - ready prepared for dispensing in handy 100ml, 150ml and 200ml bottles
- All Cupanol products provide effective relief from child and infant pain and fever
- Sugar and colour free
- Pleasant tasting strawberry flavour
- Comprehensive consumer advertising campaign in key mother and baby press, starting this Autumn
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So you see there's even more going for Cupanol than ever before. To find out what's in it for you, just contact your Seton representative for details of the new special bonus deals.

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TELEPHONE: 061-652 2222.

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\*IMS data



## Sticky situation over flu jabs

The influenza season has started again with a sudden rash of Evans "reminder bubbles" appearing on the bottom of scripts exhorting the patient to make an appointment for a flu vaccination.

Nothing has changed, and I expect to see no more scripts than last year. But that little reminder is a real sticky customer whose permanent glue means they will stay adhered all the way to the Prescription Pricing Authority.

I certainly have no intention of trying to remove them, despite the insult of every patient who innocently asks my advice for free and then returns to the GP for the jab.

Good business for the GP and, if the price is right, for Evans as well. But I bet a few ears will burn when the PPA find all my scripts with illegible dates, the bottom covered with bright orange stickers and a double thickness of paper guaranteed to ruin their automatic counting machines!

My only regret is that I won't be a fly in the wall when the wrath of Newcastle and Durham descends on medical heads in well-deserved condemnation.

## OTC is essential reading

Community pharmacy is radically changing to become the centre for health advice in the community, and nothing demonstrates this better than the dramatic changes which have taken place in *Over the Counter*, the magazine specifically written for counter assistants and published every two months by C&D.

The latest issue of *OTC* for September/October is packed full of interesting and informative articles, the depth of which is similar to that

being presented for pharmacist consumption only a few short years ago.

Dotty and her friends are highly enthusiastic, and certainly intend completing this issue's readership survey because, even without the carrot of a possible £50 leisure voucher, they appreciate their raised status and the responsibilities which the patients demand of them as their level of training improves.

But behind every well-trained counter assistant there should be an equally attentive pharmacist and my girls never let me forget it! As well as reading C&D to keep up with all the latest pharmacy training initiatives, I am also an avid reader of *OTC* and make no apologies for repeating that I feel it should now make essential reading for all pharmacists as well.

## Price rise for Rembrandt

I understand that the pound has been devalued on average by 12 per cent since "Black Wednesday". But the potential benefit to the economy has been reduced by exports

maintaining their prices, thereby making more profit.

An interesting newspaper analysis of the country's economic performance not borne out, I regret to say, by Grafton International who, despite my praise a few weeks back, have now raised the recommended price of Rembrandt toothpaste from its launch at £6.95 to £7.75.

I am sure they can justify this rise on the changed exchange rate and I hope their faith in the resilience of the consumer is confirmed.

Some return customers have already refused to buy, and it would be a shame if such a successful product had its sales reduced by the resentment of consumers asked so quickly to pay another 11 per cent when their own salary increases have been non-existent.

## Drug testing 'a charade'

Last week I received a "Private and Confidential" letter from my Family Health Services Authority. I opened it cautiously, to be informed that "the sample recently selected for testing... was satisfactory and the FP10 (DTS) should therefore be forwarded for pricing".

I should have been pleased that this very important function of the Society's Inspectorate had been satisfactorily completed. But when I eventually traced my sample, complete with its impressive wax seal, I smiled at the expression "recently". The prescription had been dispensed and sampled on January 13!

I know that FHSAs have more important priorities than testing drug samples, but nine months for a result is quite ridiculous. What would have happened if the analyst had found a discrepancy and a service case was called? Would I then have had to somehow reach back 12 months and try and explain those errors in dispensing?

I find the present system of sampling half-hearted and demeaning, and the FHSA obviously agrees with me if the time taken for analysis is anything to go by. I would welcome positive professional audit to maintain standards, but the present drug testing scheme is a charade which should now be abolished.

## Sheffield directory out

Sheffield Local Pharmaceutical Committee has produced a Pharmacy Directory and Guide to Services in conjunction with the local Family Health Services Authorities.

The Directory is set out in post code order with one page per pharmacy listing the opening hours and services provided.

It also highlights the provision of a private area to speak to the pharmacist, access for wheelchair users, languages spoken in the pharmacy, supply of compliance aids and monitored dosage systems, and those participating in the baby milk tokens scheme.

A patients' charter for community pharmacies is outlined at the start of the Directory detailing patients' rights and standards of performance.

Some 1,000 copies, produced with Glaxo, are being distributed to pharmacies, libraries, social services and GP surgeries.

## Lawson in at Medicines Commission

Professor David Lawson has been appointed chairman of the Medicines Commission until December 31, 1997, to succeed Professor Dame Rosalinde Hurley, whose term of office ends in December.

Professor Lawson is a consultant physician at the Glasgow Royal Infirmary and visiting professor at the University of Strathclyde. He was appointed to the Committee on Review of Medicines in 1979 and has been a member of the Committee on Safety of Medicines since 1987.

## MRC funds garlic research

The Medical Research Council has given an undisclosed sum to the British Heart Foundation to study the anti-oxidant activity of garlic.

The award allows scientists at Oxford's Radcliffe Infirmary to continue investigation into the anti-oxidant action of garlic powder tablets following recent studies in this area by US and Russian researchers.

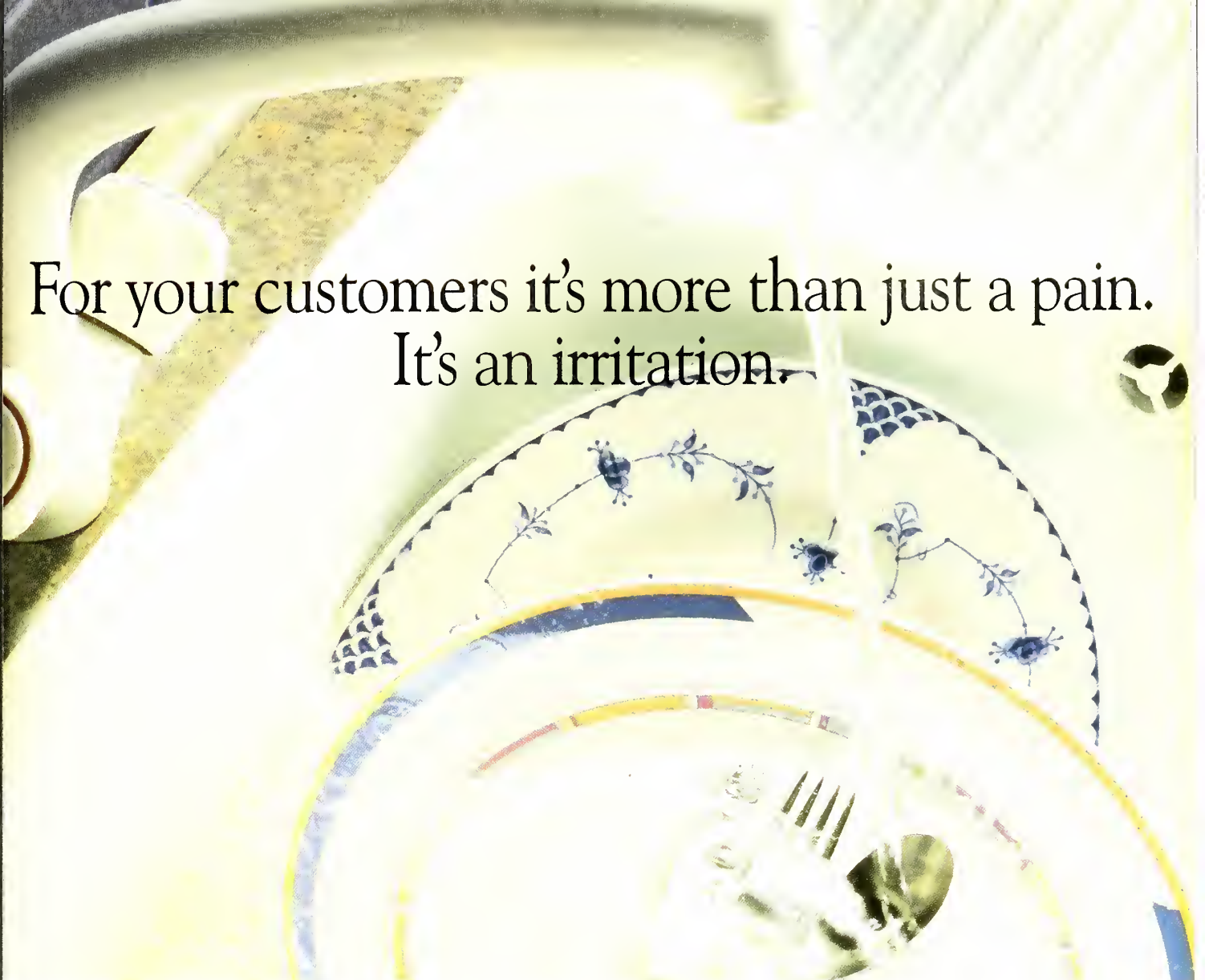
They are already studying the effects of taking Kwai garlic tablets with a standard allicin content on patients with raised cholesterol levels impervious to changes in diet and lifestyle.

The study is due to be completed in 1994.



# Topical REFLECTIONS





# For your customers it's more than just a pain. It's an irritation.

Household detergents, perfumes, nickel in jewellery, insect bites can all cause painful skin irritations, including allergic and irritant contact dermatitis. And you can't recommend a more effective treatment for these conditions than 1% hydrocortisone.

H<sup>c</sup>45, the leading OTC 1% hydrocortisone, is a non-greasy cream that reduces the redness and swelling of irritated skin. It also relieves itching, soothes and calms the soreness of the skin and promotes healing.

Research also shows that customers follow your directions and use H<sup>c</sup>45 correctly<sup>1</sup>. As you know, proper use means twice a day for seven days or less. In between those treatments, generous application of Cream E45 can provide extra soothing relief.

No wonder H<sup>c</sup>45 is recommended more than any other OTC hydrocortisone cream. And no wonder we see H<sup>c</sup>45 as an essential part of the complete skin care programme provided by the E45 range. For detailed information on H<sup>c</sup>45 and the full range of E45 products, contact:  
Crookes Healthcare Limited, Nottingham NG7 2LJ.



## EFFECTIVE TREATMENT FOR INFLAMED & IRRITATED SKIN

**REFERENCE:** 1. Martin Hamblin Research, The Purchasing of OTC Hydrocortisone, January, 1990. **PRODUCT INFORMATION:** H<sup>c</sup>45: Smooth white cream containing hydrocortisone acetate BP 1% w/w. **Uses:** For the relief of irritant contact dermatitis, allergic contact dermatitis and insect bite reactions. **Dosage and administration:** Apply sparingly to a small area, once or twice a day, for a maximum of 7 days. **Contra-indications, warnings etc:** H<sup>c</sup>45 should not be used on the eyes or face, the ano-genital area or on broken or infected skin, including impetigo, cold sores, acne or athlete's foot. The product should not be used in pregnancy or in children under 10 years without medical advice. **Package quantity:** Tube containing 15g. **RSP:** £2.29. **Legal category:** P. **Product licence number:** PL 0327/0039. **Cream E45:** White bland emollient cream which contains white soft paraffin BP 14.5% w/w, light liquid paraffin Ph. Eur 12.6% w/w and hypodil/gel/anhydrous lanolin 1.0% w/w. **Uses:** For the symptomatic relief of dry skin conditions, where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain cases of psoriasis. **Dosage and administration:** Apply to the affected part two or three times daily. **Contra-indications, warnings etc:** Cream E45 should not be used by patients who are sensitive to any of the ingredients. **Package quantities:** Tubes containing 50g. Tubes containing 125g and also 500g. **RSP:** Tube 50g £1.60. Tub 125g £3.20. Tub 500g £7.55. **Legal category:** GSL. **Product licence number:** PL 0327/5904. Crookes Healthcare Ltd, Nottingham NG2 3AA.





## New 'P' availability brings a new dimension to musculoskeletal pain relief

Management of muscular pain and inflammation has been improved for the self-medicating patient with the transition of a key non-steroidal, anti-inflammatory drug (NSAID) from the prescription only to pharmacy medicine category.

Topical Ketoprofen 2.5% w/w will become available as Oruvail Gel in a 30g OTC topical format, from 23 August when the new POM order amendments become effective.

### Ketoprofen - new NSAID launch to consumers

Topical ketoprofen is the first new NSAID molecule to be launched, over the counter, to the consumer for ten years. Comments Rob Whitmore, Marketing and Sales Director of RPR Family Health Division "Oruvail is a leading NSAID worldwide and has achieved this position because of its powerful analgesic action. As a topical application, 100g Oruvail Gel has only been prescribable for the last two years, but its success has been such that during this time it has taken a significant share of the market". He concluded "As one of the leading OTC manufacturers in Europe we have the expertise to extend the life cycle of our products by creating new markets for them within the OTC arena. This launch is just the first of many of potential POM to P moves we have planned for our product portfolio and is an example of how heavily we intend to invest in OTC brands in the future".

### Indications for Oruvail Gel

Oruvail Gel is indicated for the powerful relief of pain and inflammation associated with backache, muscular and rheumatic pain, sprains, and strains. The enormous potential of this market is highlighted by a recent independent research survey<sup>1</sup> which revealed that over 23% of the adult population reported muscular aches and pains during a two week period and over 16% specifically complained of back problems.

### Pain relief properties of Ketoprofen

Studies have shown that ketoprofen gel is effective in the local management of such musculoskeletal injuries because it has a dual action of powerful pain relief and reduction of inflammation which can also cause pain.<sup>2</sup> The pain relief properties are due to ketoprofen's ability to inhibit the synthesis of prostaglandins which sensitise nerve endings. The anti-bradykinin activity of ketoprofen may also be involved in pain relief because bradykinin, a chemical mediator, acts together with prostaglandins to cause pain.<sup>3</sup>

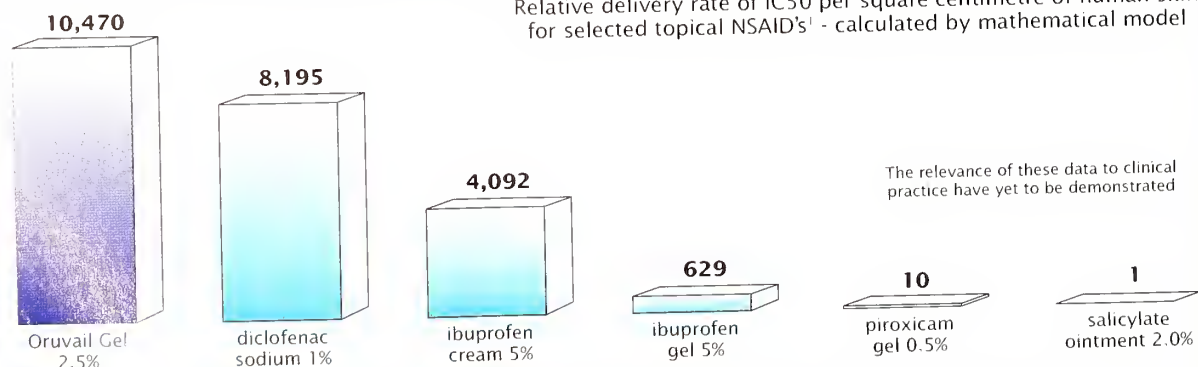
Studies have also demonstrated that ketoprofen is more potent at inhibiting prostaglandin synthesis than ibuprofen.<sup>4</sup>

Comments Howard Barnes, Oruvail OTC Brand Manager "One of the main benefits of topical NSAIDs is that they can be directly applied to the injury site, which provides localised relief and minimises unwanted systemic effects which can result from oral administration. Oruvail Gel provides a new, effective product in the pharmacist remit which he can recommend for symptomatic relief of pain and inflammation associated with minor traumatic injuries", he concluded.

### The Inflammatory Phenomenon

The signs of inflammation include pain, redness and

### ORUVAIL GEL DEMONSTRATES A GREATER CALCULATED TRANSDERMAL DELIVERY....



...THAN SOME OTHER COMMONLY PRESCRIBED TOPICAL NSAIDS





swelling but may not always be visible. Inflammation results from dilation and permeability of small blood vessels. In particular, prostaglandins play a major role in the inflammatory process - and here Oruvail Gel, acts upon the enzyme, cyclo-oxygenase, which is responsible for the creation of prostaglandins which, in turn triggers the inflammatory response.

#### Pharmacist role in treating musculoskeletal disorders

Set against a background of increasing pressures on the NHS drugs budget and with patients actively being encouraged to take more responsibility for their health and well-being, the Pharmacist now has an increasingly influential role to play. Their traditional advisory skills and pharmacological knowledge are now being supported by effective modern products which, together with the increasing range of information available to patients, means they have a vital role to play in health advice.

Commented Howard Barnes, Oruvail Gel OTC Brand Manager, "We believe the pharmacist has a vital role in the treatment of minor traumatic injuries, and that the launch of Oruvail Gel provides a product which is equal in efficacy to a product which is prescribed by a family doctor.

#### Oruvail Gel launch package

Rhône-Poulenc Rorer are committing over £4 million to the launch of this new 'P' status brand. The support package includes a new TV consumer advertising campaign commencing in October, and national daily and womens consumer press advertising. Trade press advertising, impactful point of sale materials, educational

evenings for pharmacists and their assistants are key elements of the trade support package and a full public relations programme including activities direct to consumers will support the launch.

Howard Barnes concludes "We are committed to supporting the pharmacist in his role as a primary healthcare advisor. Our very heavy launch investment aims to grow this exciting new sector of the analgesia market, by stimulating consumers to visit their pharmacist."

As part of the launch package, Rhône-Poulenc Rorer has produced a consumer and user leaflet "Muscular Pain and Inflammation" designed to inform patients about musculoskeletal disorders, their causes and treatment.

This will be made nationally available through offers in the trade press and RPR representatives. Pharmacists should ask for copies of the leaflet which can be offered to the patient as part of an advice and treatment programme.

## Oruvail<sup>®</sup> gel

### Ketoprofen

#### References

1. Everyday Health Care, A Consumer Study of Self-medication in Great Britain, The British Market Research Bureau Ltd, published 1987.
2. Adapted from McCormack KJ., Assessing Transdermal Delivery of Topically Applied NSAIDs under clinically relevant conditions. Presented at British Association of Sport and Medicine AGM, Newport, United Kingdom, 27 September 1992.
3. Drug information from the Health Care Professional 11th edition p453. USP Dispensing Information USP, United States Pharmacopoeial Convention Inc Rockville 1991.
4. Guyonnet JC et al, Rheumatol Rehabil Suppl 11-4 1976.

#### Oruvail Gel 30g OTC Product Information

**Presentation:** Colourless gel with lavender fragrance containing Ketoprofen BP 2.5% w/w. **Indications:** Relief of pain and inflammation associated with backache, muscular and rheumatic pain, sprains, strains and sports injuries. **Dosage:** Apply a thin layer of gel to the affected area three times a day for up to 7 days. After the gel is applied it should be rubbed in well. **Elderly:** As above

**Children:** Not to be applied to children under 12 years of age.

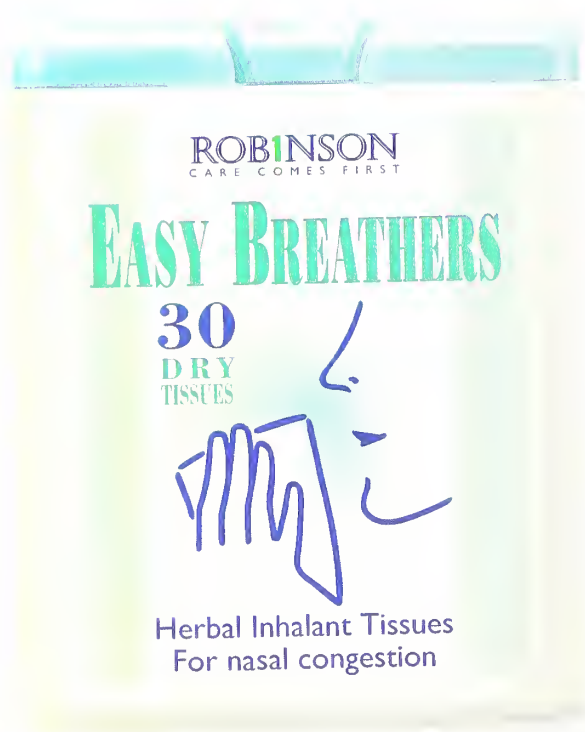
**Contraindications:** Patients with hypersensitivity to ketoprofen, ibuprofen, aspirin or other non steroidal anti-inflammatory agents, patients suffering from or with a history of bronchial asthma or allergic disease, exudative dermatoses, eczema, sores and infected skin lesions or broken skin. **Precautions:** Oruvail Gel should not be applied to mucous membrane or eyes or used with occlusive dressings. Caution in patients with severe renal impairment. Should a skin rash occur after gel application cease treatment. Treatment should not continue for longer than 7 days. If symptoms persist consult a doctor. Keep gel away from naked flames. **Use in pregnancy and lactation:** Only when prescribed by a physician - see data sheet. **Adverse reactions:** skin reactions, including pruritus and local erythema. **Legal status 30g packs:** P. **Retail Selling Price:** £3.95 (inc VAT). **Product License Number:** 12/0243. **Product License Holder:** May and Baker Limited, Dagenham, RM10 7XS. **Distributor and Further Information available from:** Rhône-Poulenc Rorer, St Leonards Road, Eastbourne, BN21 3YG. **Date of preparation:** July 1993

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# Medical matters

## Taxol recommended by CPMP

The EC's Committee for Proprietary Medicinal Products (CPMP) has recommended that member states authorise marketing approval of Taxol (paclitaxel) for use in patients with metastatic ovarian cancer where treatment with standard platinum-containing therapy has failed.

Chemotherapy with platinum compounds has been the standard therapy for patients with advanced ovarian cancer. It produces a response in over 50 per cent of patients. But for patients who do not respond to this therapy, until now there has been no effective therapy.

Taxol has been shown to produce responses in up to 30 per cent of patients who are resistant to platinum chemotherapy.

Taxol has already been cleared for marketing in the US, Canada, Sweden, Austria, New Zealand, Argentina and Brazil. Clearance of Taxol for marketing in EC member countries now depends on individual national decisions.

Taxol is the first of a new class of compounds, the taxanes, which has a unique anti-cancer action. It disorganises the internal "cell scaffolding" of the cancer cell, which prevents cell division and thus reduces the number of cancer cells.

Trials have shown that Taxol is active in patients with advanced breast cancer, and preliminary studies have shown it to be active in lung, head and neck cancer.

• Ovarian cancer and the role of Taxol was reviewed in **Pharmacy Update**, C&D September 18.

## Analgesics sales forge ahead

Germany is the biggest European market for analgesics, both internal and external. In 1992, Germans spent \$451 million on internal analgesics and \$158m on topical analgesics, according to a Datamonitor report.

The UK is the second biggest analgesic market in Europe with £180m and also has the highest growth rate in Europe (9.33 per cent on average). The smallest market for analgesics is The Netherlands with £51m. Belgians spend the most per person on analgesics, almost twice that of the British.

In the UK, paracetamol now holds 60 per cent of the market and has achieved this at the expense of aspirin. Ibuprofen has

grown at twice the rate of paracetamol, in line with the trend towards faster acting, stronger products.

Datamonitor predict that Germany will continue to be the largest internal analgesics market in Europe, spending around \$584m by 1997. The UK is expected to remain the second largest with \$304m.

Germany is forecast to remain the market leader in topical analgesics market. France is currently the second largest, but Datamonitor believe Belgium will move into this position by 1993.

• *European Analgesics* is available from Datamonitor at £870. Tel: 071-625 8548.

## Shared care on BPH

GPs are urged to take a more active role in the management of benign prostatic hyperplasia (BPH). The Shared Care Initiative, developed by a group of urologists and GPs, sets out guidelines for GP management of BPH.

Criteria for GP management of the condition include:

- normal rectal examination
- patients with lower prostate specific antigen test (PSA)
- no other suspicious or unaccountable symptoms.

Those patients requiring referral to a urologist include:

- patients with a large residual volume
- patients with suspicious rectal examination
- patients with a PSA result greater than 4mg/ml
- patients with a low urine flow rate.

If the patient can be managed in the community, the GP can either carefully observe the patient or offer symptomatic relief with drugs, the criteria explain. Patients should be regularly reviewed by the GP and, if their condition deteriorates or drug therapy is proving ineffective, they should be referred to a urologist.

• It is estimated that almost half of all men over 60 have symptoms of BPH and treatment of this condition accounts for 25 per cent of a urologist's work. The shortage of urologists in the UK results in long waiting lists for outpatient appointments and surgery. The new initiative is aimed at reducing the waiting time for BPH patients requiring treatment.

## Guidelines on wound management

The International Committee on Wound Management (ICWM) has produced a booklet of recommendations on wound management in the elderly. It provides practical help for primary healthcare professionals on healing chronic wounds, focusing on key issues which should be considered to maximise the quality of life in the elderly patient.

Issues such as management of pain and the psychological impact of wounds are included along with factors such as the cost-effectiveness of therapy.

In their consensus statement,

the ICWM state that good wound management focuses not only on the closing of the wound by procedures and dressings but also on the mental and physical comfort of the patient through the process of healing. Although most healthcare providers are using modern materials and procedures, the ICWM say there is still room for improvement.

They also recommend that all healthcare professions must ensure that their members are well trained at all levels by continuing their education and developing appropriate educational material.

## Prescription Specialities

### Elantan LA 50

The product licence for Elantan LA 50 has been extended to allow prescribers to increase the daily dose to two capsules if required. **Schwarz Pharma Ltd.** Tel: 0494 772071.

### Energix B

Energix B, the hepatitis B vaccine, is now available in one dose and 10 × one dose pre-filled syringes. The trade prices are: £12.13 (1) and £121.30 (10 × 1). **Smithkline Beecham Pharmaceuticals.** Tel: 0707 325111.

### Migraleve prices

Following discussion with the PPRS, Charwell Pharmaceuticals have agreed to reduce the price of

Migraleve 48 packs (Duo £8.95, Pink £9.75, Yellow £8.24) from October 15. The other Migraleve packs do not come under the PPRS scheme, and the prices of the following packs will be increasing from October 15: Duo 12 (£3.18), Pink 12 (£3.32) and 24 (£6.19). **Charwell Pharmaceuticals.** Tel: 0420 84801.

### 12 second Accutest

A new Accutest strip now provides a result on the Accutrend and Accutren mini blood glucose meters in 12 seconds. The strip replaces the existing 20 second version and will be available on the drug tariff from October 1 (50, £12.79). **Boehringer Mannheim UK (Diagnostics & Biochemical) Ltd.** Tel: 0273 480444.

### Robaxin from Shire

Shire Pharmaceuticals are taking over the distribution of the Robaxin range from Wyeth Laboratories with effect from October 1. New NHS prices will apply to the following products from this date: Robaxin 750mg tablets × 100 (£11.50) and Robaxin injection 10ml × 5 (£6.78). **Shire Pharmaceuticals Ltd.** Tel: 0264 333455.

### Ciba prices

Ciba Pharmaceuticals say there will be no reduction in the price of any of their products for the period up to the end of 1993. This is to end speculation on the recent negotiations with the Department of Health on the subject of the

PPRS. **Ciba Pharmaceuticals.** Tel: 0403 272827.

### Aspirin suppositories

Aurum Pharmaceuticals are introducing aspirin suppositories 300mg (10, £7.90). Stocks are now available through **Distriphar UK.** Tel: 081-993 4441.

### Bolvidon 30mg

From mid-October, Organon Laboratories will be replacing the existing presentation of Bolvidon 30mg tablets with a new Duo Tab when stocks become depleted. The new tablet can be more accurately broken at the score line to provide two equal doses of 15mg. The price is unchanged. **Organon Laboratories Ltd.** Tel: 0223 423445.



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Children's noses can permanently crease due to constant rubbing

## New indication for Flixonase

The indications for Flixonase have been extended to include the management of perennial allergic rhinitis in children aged four to 11 years old.

Flixonase Aqueous nasal spray is administered topically on to the nasal mucosa via a metered-dose atomising pump. The recommended daily dosage in children aged four to 11 years old is 100 micrograms, taken as one spray into each nostril in the morning.

Flixonase has negligible oral systemic bioavailability, which means the swallowed portion of the drug has minimal potential to cause systemic side-effects, an important consideration in young children.

The incidence of allergic

rhinitis in Europe and the US is estimated at 5 to 20 per cent. This may rise to approximately 80 per cent in asthmatic children.

Rhinitis can seriously affect the quality of life of sufferers. Young children may be physically scarred by a nasal crease, brought on by the constant rubbing of the nose in an attempt to relieve itching or reduce sneezing. Older children may suffer a loss of smell which may lead to a loss of appetite.

A blocked and runny nose may lead to sleep disturbance in children. Noisy breathing, irritating sniffing, coughing and throat clearing are further problems associated with rhinitis. **Allen & Hanburys. Tel: 081-990 9888.**

## Pen Mix available pre-loaded

Novo Nordisk Pharmaceuticals are introducing four new Pen Mix pre-loaded insulin pens to complement the Pen Mix 30/70 which was introduced earlier this year (*Script Specials*, February 13).

The new presentations, containing soluble human insulin and isophane human insulin pre-mixed in the ratios 10/90, 20/80, 40/60 and 50/50, are being introduced in response to demands from patients and doctors.

According to Novo Nordisk, pre-mixed insulin, first introduced in 1977, now accounts for over 36 per cent of the UK insulin market. This trend looks set to continue as new devices, which make insulin injections easier, become available.

The company says that about 80 per cent of prescriptions for



Novo Nordisk pre-mixed insulins are for the 30/70 mixture.

All the Pen Mix pre-loaded insulin pens are available on prescription in boxes of 5 x 300iu pens, at a basic NHS price of £27. The pens are colour and touch-coded to make each presentation easily distinguishable. Each pen contains enough insulin to last on average about a week. The syringes can deliver up to 78iu in a single injection so are suitable for diabetics requiring large doses of insulin. **Novo Nordisk Pharmaceuticals Ltd. Tel: 0293 613555.**





# The Corsodyl spokesman

**Corsodyl** Mouthwash has the unequivocal recommendation of dentists.\*

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They know that **Corsodyl's** active ingredient, 0.2%<sup>†</sup> chlorhexidine, sets it apart.

They know also that for all **Corsodyl's** clinical heritage its range is adapted for patient-friendliness, with a new spray as the latest innovation.

**Corsodyl** has recently been acquired by SmithKline Beecham Consumer Brands.

Speak to your SmithKline Beecham representative or telephone free of charge 0800-833000 for any further information or requirements.

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chlorhexidine gluconate

**No Gingivitis. No Contest. No wonder dentists recommend it.**

**PRODUCT INFORMATION** Consult Data Sheet before prescribing. **USE** Inhibition of plaque, treatment and prevention of gingivitis; maintenance of oral hygiene. Mouthwash and Mint Mouthwash are also indicated for the promotion of gingival healing following surgery and the management of oropharyngeal ulceration and oral candidiasis. **PRESENTATION** Spray and Mint Mouthwash: A clear colourless solution containing 0.2% w/v chlorhexidine gluconate. Mouthwash: A clear pink solution containing 0.2% w/v chlorhexidine gluconate. Dental Gel: A clear colourless gel containing 1% w/w chlorhexidine gluconate. **SAGE AND ADMINISTRATION** Spray: Apply to tooth and gingival surfaces using up to twelve actuations of the spray twice daily. Mouthwash and Mint Mouthwash: Rinse mouth with 10ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth with undiluted for one minute. Dental Gel: Brush the teeth with one inch of gel for 1 minute, once or twice daily. **CONTRAINDICATIONS** Hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. **PRECAUTIONS** For oral use only, keep out of eyes and ears. **SIDE EFFECTS** Occasional irritative skin reactions. Generalised allergic reactions to chlorhexidine have also been reported but are extremely rare. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur. This usually disappears after discontinuation of treatment. Staining can largely be prevented by cleaning teeth or dentures before use but may sometimes require scaling and polishing. Complete removal. Stained anterior tooth-coloured restorations which are not adequately cleaned by professional prophylaxis may require replacement. Persistent taste disturbances, burning sensation of the tongue and oral desquamation. Very occasional parotid swelling. **PRODUCT LICENCE NUMBER AND BASIC NHS COST** Corsodyl Spray (0029/0230) 60 ml (OP) £2.80 'Corsodyl' Mouthwash (0029/0124) 300 ml (OP) £1.25 'Corsodyl' Mint Mouthwash (0029/0201) 300 ml (OP) £1.25 'Corsodyl' Dental Gel (0029/0080) 50g (OP) £0.83 'Corsodyl' is a trademark. Legal Category P Date of last revision March 1993. Source: Milpro Independent Research, 1992. <sup>†</sup>Corsodyl Dental Gel contains 1% w/w chlorhexidine gluconate.



**SmithKline Beecham**  
Consumer Brands

SmithKline Beecham Consumer Brands, Brentford, TW8 9BD, UK Tel: 081 560 5151

**a leading authority on oral hygiene.**



# Counterpoints

## Cow & Gate get in touch with mums

Cow & Gate are launching two initiatives this Autumn which they believe will advance their market share by 3-4 per cent.

The first is "In Touch", a direct mail programme targeting 150,000 first time mums each year with information relating to pregnancy and Cow & Gate products. It has been approved by the Royal College of Midwives.

There are five mailings covering a period of 18 months. All "In Touch" information is available only by written request and each mailing gives mothers the opportunity to opt out. They will learn about the programme through their clinics and health centres.

The first mailing arrives three to four months into pregnancy and gives advice on nutrition and exercise. It comes with a pregnancy progress chart.

Mailing two is issued four weeks before birth and includes information on breast and bottle feeding.

Mailing three is issued only after written confirmation of baby's birth and covers baby's first six months with weaning advice.

Mailings four and five take the programme up to the end of baby's first year with information on teething.

The information has been written and produced with the help of healthcare professionals, say Cow & Gate. Posters advertising the programme will appear in 1,000 GP surgeries next month.

The second initiative involves sponsorship of GMTV's new weekly "Mother & Baby" series which began on Wednesday, 10th, and is broadcast after 9am as part of the *Top of the Morning* programme, the series will run for 38 weeks until next July. Each seven to eight minute slot will cover topical issues.

Three publications, each with a print run of 20,000, are being produced in



support of the series which viewers can obtain by telephoning a given number.

Olyarit's "Psychic" television commercial receives its second airing to coincide with the GMTV sponsorship.

They are also running

an instant win promotion across the ready-to-feed baby juice range. Some 155 winning jars have cash prize amounts etched on the undersides of the lids. Customers can win £50, £100 or £1,000. Cow & Gate Nutricia. Tel: 0225 768381.

## Short on facts

Many consumers still do not understand what antioxidants are, according to a survey carried out by Ferrosan Healthcare.

As part of their Antioxidant Information Service, the company is launching an Antioxidant Focus Week from November 8.

Dr Len Mervyn, the company's technical director, will be on call to answer queries on the Healthcrafts Retailer Hotline, tel: 0932 336296 (10.30am-4.30pm). All callers during the week will receive a factsheet on antioxidants.

In addition, the names of all callers will be entered into a prize draw to win one of three cases of Healthcrafts Vitamin C & E Combination. Ferrosan Healthcare. Tel: 0932 336366.

## Seasonal electric offers

With the gift buying season around the corner, Braun have planned a series of promotions.

The Oral-B Plaque Remover D5 will be backed by a television campaign plus a 30-day money back guarantee.

Braun electric curlers have been reduced in price from £16.99 to £14.99 and the LS34 hotbrush is down to £9.99. Their new Supervolume hairdryer is being supported by pre-Christmas television advertising.

On the shavers side, Flex Control is being supported by television advertising from mid-November. The company is offering £20 off all Flex Control rechargeable models. Braun. Tel: 0932 785611.

## Andrews Antacid tablets get fruity

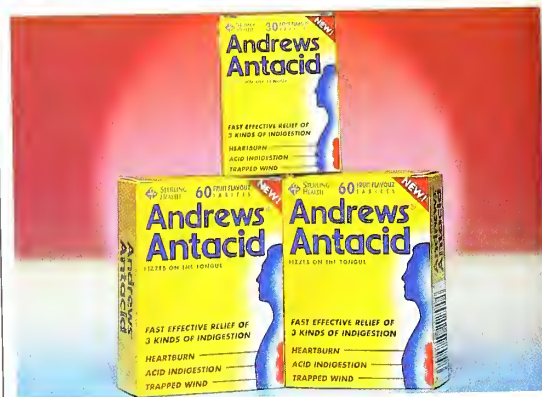
Sterling Health make relieving indigestion a more pleasant experience with the addition of a fruit flavoured variant of their Andrews Antacid tablets.

Claiming a 12.8 per cent share of the market since its launch, research for Andrews Antacid revealed that 76 per cent of consumers want a choice of flavours when purchasing indigestion remedies.

The new Fruit Flavour variant retains the formulation of calcium

carbonate 600mg and magnesium carbonate 125mg, but has a fruity flavour. The original tablets will be renamed Refreshing and packaging has been updated.

To support the launch, Sterling Health are investing £2.5 million in a television campaign. Trial size packs holding six Fruit Flavour tablets (£0.29) will be available. The tablets are available in packs of 30 (£1.40) and 60 (£2.55). Sterling Health. Tel: 0483 65599.



## Rhyming Tommee T

Jackel are introducing a range of nursery rhyme feedware to their Tommee Tippee range.

Humpty-Dumpty, Pat-a-Cake and Twinkle-Twinkle are all featured on the cup, bowl and plate collection. Hey Diddle Diddle is also available as a place mat.

A beaker and trainer cup, cutlery set and two boxed gift sets will soon be

available featuring four more rhymes.

They are also launching a highchair mat which goes under the child's feeding chair to protect the carpet from spills.

The 1sqm wipe-clean mat is printed with a collection of animals feeding and retails at £4.99. Jackel International. Tel: 091-250 1864.





KEEP ACID  
WHERE IT  
WORKS  
NOT  
WHERE IT  
HURTS



If heartburn is left untreated, hydrochloric acid in the stomach's contents can cause damage to the oesophagus.

Gaviscon protects the oesophagus by forming a physical alginate barrier which keeps acid in the stomach – where it works, and away from the sensitive oesophagus lining – where it hurts.

Gaviscon stops acid reflux and relieves the pain of heartburn in 8 out of 10 patients.<sup>1</sup>

Relieve the pain and reduce the damage caused by heartburn. Recommend Gaviscon.

**GAVISCON®**  
Keeps acid where it works  
not where it hurts

**Prescribing Information.** Active Ingredients: Liquid: Sodium alginate BP 500mg, sodium bicarbonate Ph. Eur. 267mg, calcium carbonate Ph. Eur. 160mg per 10ml dose. Gaviscon 250 Tablet: Alginic acid BP 250mg, sodium bicarbonate Ph. Eur. 85mg, aluminium hydroxide gel BP 50mg, magnesium trisilicate Ph. Eur. 12.5mg per tablet. **Indications:** Gaviscon Liquid: Heartburn, including heartburn of pregnancy, dyspepsia associated with 24 hr reflux, hiatus hernia and reflux oesophagitis. Gaviscon 250: Heartburn and acid indigestion. **Contra-Indications:** None known. **Dosage Instructions:** Gaviscon Liquid: Adults and children over 12: 10–20ml, children: 5–10ml liquid after meals and at bedtime. Gaviscon 250: Adults and children over 12: 2 tablets to be chewed thoroughly as required. Children under 12: Not recommended. **Note:** 10ml liquid contains 6.2mmol sodium. One Gaviscon 250 tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviscon are sugar-free. **Retail prices:** 100ml £1.60, 200ml £2.80, 24 tablets £1.95. **Product Licence Nos:** 44/0058 Liquid Gaviscon, 44/0103 Gaviscon 250. **Legal Category:** GSL. **Product Licence Holder:** Reckitt & Colman Products Limited, Danson Lane, Hull HU8 7DS. GAVISCON® and the sword & circle symbol are trademarks. **Date of preparation:** 1/3/93. **Reference 1:** Chevrel B. (1986) J. Int. Med. Res. 8: 300–302.

**RECKITT & COLMAN**



*Now show  
a TV ne*



*£2m Blockbuster Campaign*

**NICORETTE**

*Helps you through the hard times.*

 Kabi Pharm





# Living on your own!



*NEW film.*

Nicorette, Masters of Nicotine Reduction Therapies are back on national TV, with a massive £2 million campaign.

Smokers are going to be seeing a lot of it. So you'll be seeing a lot of them.

And with Nicorette you have the range to help them through the hard times of giving up.



*NEW style.*

Not only the best known patch, which has a special three day starter pack, but also the big selling Nicorette gum.

Giving them more ways to master their addiction, and you a £2 million incentive to make Nicorette, Masters of Nicotine Reduction Therapies, your No.1 recommendation.



*NEW sales.*

## NICORETTE®

### MASTERS OF NICOTINE REDUCTION THERAPIES

Kabi Pharmacia Ltd., Davy Avenue, Knowlhill, Milton Keynes MK5 8PH.



## Hair raising offers

Wella are offering consumers and retailers discounts on their Shockwaves brand this Autumn.

Consumers can purchase any one of the four Shockwaves non-aerosol sprays at £1.99 instead of £2.25.

On Wella's new Hair

Styling Gum, Smooth 'n Shine Gloss and Soft Moulding Wax there is a saving of £0.50 per tub.

To highlight the offers, in-store point-of-sale material is available. The Shockwaves range is being supported by a £3 million campaign. **Wella GB. Tel: 0256 20202.**

## Extra support for Poly

Henkel Cosmetics are supporting their Poly perm products with on-pack promotions during the Autumn and Winter.

Poly Style Deep Care perm will feature a free manicure set inside each special promotion pack (£3.99), comprising cuticle sticks, emery boards, orange sticks and nail

clippers in a black pouch bag.

Poly Style Fashion Style perm packs (£3.15) will contain a travel mirror. Poly Style Foam perm will be supported by Press advertising in women's magazines during November and December. **Henkel Cosmetics. Tel: 081-804 3343.**



## Gifts of gold

With the Christmas season approaching, Guerlain have produced a gold 50ml refillable natural spray for either eau de toilette or eau de parfum for their fragrances Samsara, Shalimar, L'Heure Bleue, Chamade, Mitsouko and Jicky.

Point-of-sale material including a window display are available. **Guerlain. Tel: 081-998 1646.**

## Pain relief promotion

Radian-B mineral bath is linking with Scholl Backease in a joint promotion for consumers.

Bottles of Radian-B mineral bath will feature a £1 money-off voucher, which is redeemable against purchases of Scholl Backease shoe inserts. Packs of Scholl Backease will contain a free trial size sachet of Radian-B.

The promotion will run in independent pharmacies and Lloyds for two months from October. **Roche Nicholas. Tel: 0707 366000.**

## Colgate promos

Colgate-Palmolive have a series of promotions throughout October. Soft & Gentle aerosols have a 25 per cent extra fill and roll-ons have 20 per cent free. Unichem and AAH are also offering the packs at promotional prices. Palmolive 2 in 1 Shower Creme is being trialled with a 50ml size retailing at £0.45. Both 2 in 1 Shower Creme and Bath Foam are on special offer from wholesalers. All Colgate toothpastes and toothbrushes are discounted through AAH and Unichem. **Colgate-Palmolive Ltd. Tel: 0483 302222.**

## In the bag

Swains have produced a brochure for their Fotima Euro and Professional photographic bag ranges. **Swains. Tel: 0485 533393.**

## Snappy happy

Johnsons Photopia have extended their Cokin range of photographic filters with seven variants. A brochure is also available. **Johnsons Photopia. Tel: 0782 717100.**

## Interplak games

Bausch & Lomb have renewed their sponsorship of the Olympic movement

until the Atlanta Games in 1996. This gives B&L the right to use Olympic symbols and mascots in advertising. **Bausch & Lomb. Tel: 081-781 2900.**

## Battery offers

Sony are offering retailers 25 per cent off standard packs of AM3 batteries from October until December. Consumers get one free battery on each pack of four. **Sony. Tel: 0784 4677355.**

## Extra support

Anadin Extra is being supported by a television campaign, building on the familiar "light bulb" theme. This will be supplemented by poster adverts. **Whitehall Labs. Tel: 0628 669011.**

## New Quest

A new label has been designed for Quest's Gammaoil brand of supplements, with increased emphasis placed on formulation content. **Quest Nutrition. Tel: 021 359 0056.**

## Denorex ads

Denorex is getting support in the form of Press advertising in Sunday supplements and television guides until the end of November. **Whitehall Labs. Tel: 0628 669011.**

# RESEARCH PROJECT GRANTS ARE NOW AVAILABLE TO ALL PHARMACISTS.

The Project Development Grant Scheme is open to every pharmacist resident in England. It is for pharmacists prepared to invest time in undertaking useful research in the field of practice.

Pharmacists working in any sector of the profession and academic staff of schools of pharmacy will be considered for the grant scheme.

The grants are intended to encourage and support individual pharmacists undertaking small research projects. The financial support is for personal time and costs directly related to this research work.

Our definition of practice research is broad and includes observational as well as experimental studies covering all relevant research methodologies. We are looking for research proposals that examine any aspect of the pharmaceutical service in the community or primary care sector. This does not preclude practitioners based in other sectors of the profession

applying, but any proposed research must specifically look at an aspect of pharmacy in the primary care or community sector.

The annual sum of money available for each grant is not large and applications for sums in excess of £15,000 are unlikely to be considered. However if you only require a small sum of money your application will be considered alongside other more ambitious projects.

Application forms and further information can be obtained from:

Mr G Clarke at the Department of Health, Room 309A, Richmond House, 79 Whitehall, London SW1A 2NS. Applications must be made by the pharmacist who intends to undertake the project work.

The Project Development Grants are funded as part of the commitment made to pharmacy practice research in the Primary Care White Paper, "Promoting Better Health".

The closing date for completed applications is 13th December 1993.

**Pharmacy Practice Research Enterprise Scheme 1994.**

INVESTING IN  
PHARMACY  
PRACTICE RESEARCH





# How to make your customers more reliable

Wouldn't it be nice if you could guarantee regular customers? With Windsor Healthcare laxatives, that's exactly what you can do.

Redesigned and packaged to give maximum shelf impact, the Dulco-lax and Laxoberal range of laxatives are so reliable that your customers are certain to find effective relief.

Suitable for every member of the family, our products are kind on the body and provide the gentle way of controlling constipation today.

Dulco-lax can be relied upon to work overnight. Because it doesn't contain phenolphthalein, it is not reabsorbed by the body and its dual-site action stimulates both the colon and rectum, helping to re-educate the bowel.

Laxoberal, taken once a day, has a 10-14 hour action and only a small volume is needed

to give a reliable, effective action. Sugar free and titratable, Laxoberal has a pleasant taste, allowing it to meet the requirements of every member of the family, whatever their age.

Both products are being supported by an extensive advertising and promotional campaign to ensure that both your customers and your profits become more regular.

If you want to rely on part of a market worth over £54m – stock up with Windsor Healthcare Laxatives now. Tel: 0344 741336 or contact your Windsor Healthcare Territory Manager.



**WINDSOR  
HEALTHCARE LTD**



# Cantamega gets multivitamin range

Cantamega One-a-Day is a new range of multivitamins for the Cantassium brand.

There are eight products in the range: Pregnancy Formula, containing folic acid and vitamin B; Pre-menstrual Formula, containing evening primrose oil, vitamin B6 and iron; Vitality Formula, with ginseng extract; Slimmer's Formula; Cold Winter Formula, containing vitamin C and zinc; Osteo Formula, with calcium, extract of horsetail grass and boron; Hair Formula, containing pantothenic acid and biotin; and Clear Skin



Formula, fortified with silica, zinc and extract of W5.

All products are blister packed and cartoned, and

retail at £3.95 for 30 tablets (except Osteo Formula, 28 tablets). Larkhall Labs. Tel: 081-874 1130.

## Infacol ad

Pharmax are introducing an Infacol campaign in the parenting, women's and health Press next month.

Featuring the Infacol teddy bear, the advert deals with the problems of colic and encourages mums to "Ask your pharmacist for Infacol". Pharmax. Tel: 0322 550550.

## Bob Martin's liquid coat care

Bob Martin are extending their range of vitamin and mineral supplements with the addition of Conditioner for Skin and Coat.

A liquid conditioner for dogs and cats, it contains cod liver oil and soya oil which are said to give a

healthy skin and lustrous coat. It is also claimed to reduce moulting.

It is available in two sizes: for dogs (150ml, £2.14; 300ml, £2.99) and for cats (150ml, £2.14). Bob Martin. Tel: 0934 838061.

## Warmed oil in a pot releases fragrance

Simmer Pots are the latest way to emit aromatherapy fragrances from Tisserand.

The Simmer Pot (£12) is a one-piece china design, featuring a deep well at the top and a large opening at the base. It uses an oil and water mix which gently simmer together, creating a powerful fragrance. Aromatherapy Products. Tel: 0273 325666.

## Konica improves minilab

Konica have introduced a high volume minilab, featuring zero overflow processing.

Shown for the first time at Professional Photo & Lab Expo, the minilab has double the capacity of the current Nice Print 800 series, with 1,800 prints per hour. It also has a recycling unit which eliminates overflow. Konica UK. Tel: 081-751 6121.



Bristol-Myers are offering consumers a £2 off coupon which can be redeemed against their favourite cosmetics when they send in two proofs of purchase. The promotion begins this month. Pharmacists can obtain PoS material which complements the on-pack stickers and in-pack promotional leaflets. Bristol-Myers. Tel: 0895 639911

## On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky	G Granada	HTV Wales & West
Broadcasting	A Anglia	M Meridian
C Central	CAR Carlton	TT Tyne Tees
CTV Channel Islands	GMTV Breakfast	W Westcountry
LWT London Weekend	Television	

Aquafresh:	All areas
Askit:	GTV, S
Aspro Clear:	L, C, A, M, HTV, U
Colgate Total:	All areas
Nicorette:	All areas except HTV, CTV, GMTV
Nicotinell patch:	All areas
Nivea Visage:	GTV, STV, Y, C, HTV, W, M, TT
Nurofen:	All areas
Nytol:	C, TT, Y
Palmolive 2 in 1:	All areas
Peaudouce:	C4, GMTV
Rap-eze:	All areas except CTV
Remegel:	All areas except GMTV
Rennie:	All areas except U, W, CAR, GMTV, BskyB
Setlers:	All areas
Setlers Tums:	All areas
Slim-Fast:	All areas
Solpadeine:	All areas except U, CTV, TTV
Synergie Essential Care:	All areas except GMTV
Wrigley's Extra & Orbit:	All areas

**SWAINS**  
25th Christmas Trade Show  
at the  
**Peterborough Moat House**  
**Thorpe Wood**  
**Peterborough**  
on  
**Sunday October 24th 1993**  
from  
**11.00am - 6.00pm**

**Come and meet with the suppliers**  
**See the latest Products and a**  
**chance to win a Mini Cooper Car**

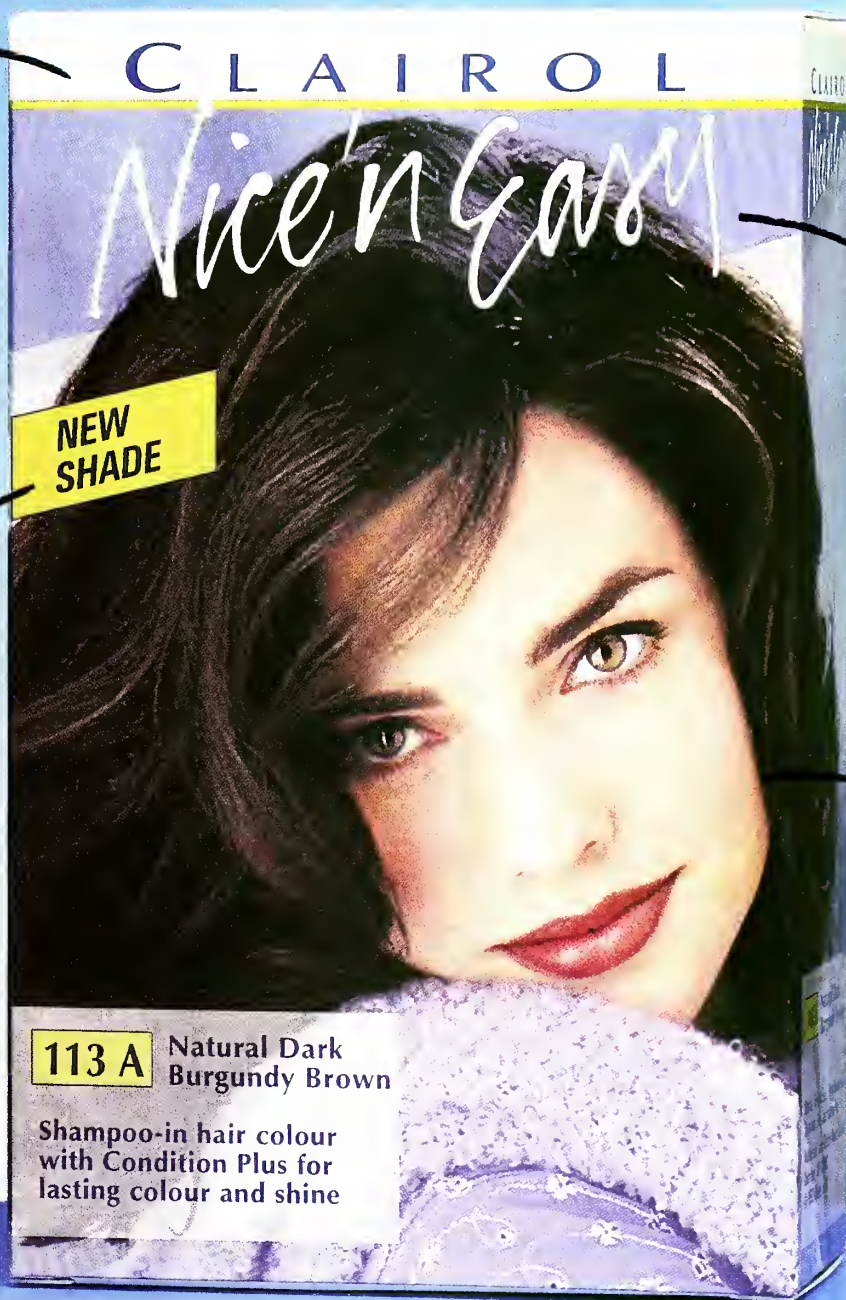
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# Now Even Nicer'n Easier to Sell

Contemporary  
new  
pack design



Stylised,  
impactful  
logo

6 exciting  
new  
shades

Modern  
up-to-date  
headshots

**113 A** Natural Dark  
Burgundy Brown

Shampoo-in hair colour  
with Condition Plus for  
lasting colour and shine

## £3,000,000 Consumer Advertising Support

Our new pack will make Britain's No.1 permanent hair colourant even nicer and easier to sell.

It's designed to attract new and younger users and keep our loyal users - in other words grow the

market and grow your sales.

It all adds up to mean your customers get nice, shiny, natural-looking hair colour and you get a nice shiny profit.



**BRISTOL-MYERS**

Bristol-Myers Co Limited, Swakeleys House, Milton Road, Ickenham, Uxbridge UB10 8NS. Telephone: 0895 639911. Fax: 0895 636975. Telex: 925374.



A simple definition of professional audit is looking closely at what you do, learning from it and making changes if necessary. The end product is the enhancement of patient care.

The types of audit available include self-audit, peer audit and external audit. There is also extrinsic evaluation, which is inspection by an outside body such as an inspector or family health services authority. This is not considered within the group with other audit because it sets minimum standards only, not optimum ones.

Self-audit is carried out internally, either by the individual pharmacist or a team at the particular workplace. The advantages of this method are that you can personalise the audit to your needs and your environment.

A self-audit will generally result in improved standards and help to reduce frustration by identifying common problems, and find a general solution to those problems which occur on a regular basis, according to Steven Kayne, community pharmacist from Glasgow who has experienced self-audit. On-going training can be a positive result.

Peer group audit is where a group of pharmacists, usually in the same area of practice, review your business. In turn, you could join the group to review other members. This casts a fresh eye over your business, says Dr Ray Fitzpatrick, director of pharmacy at North Staffordshire Hospital, who has been a member of a peer audit group.

Objectivity and a team approach can result in a sharing of ideas where the whole group can benefit from the process by applying findings to their own practice. There is also a benchmark standard produced by a peer group audit.

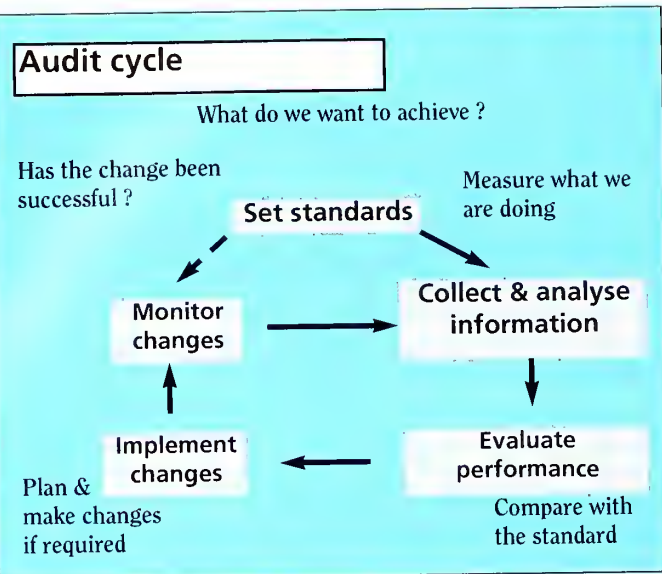
The audit itself involves three separate processes — structure, process and outcome.

### Audit procedure

- The structure of the audit decides what part of the business is going to be audited and how that will be carried out. It may depend on the available resources and personnel.

Decide at the onset exactly what information is needed and resist the temptation to collect lots of information just in case it may be useful later, says David Pruce, audit development fellow for England.

Devise a system for recording the information. Remember to take into account any allowable exceptions, for example



# Professional audit for pharmacy

**Doctors and dentists have done it, now it's time for pharmacists to learn the ins and outs of professional audit. Audit Day at the Royal Pharmaceutical Society on Wednesday heralded the beginnings**

expensive drugs may be excluded from a survey.

- The process of the audit looks at what actually happens in the pharmacy or department on the subject you are auditing.

- The outcome of the audit looks at the result of pharmaceutical care on patients. For instance, can a patient use an inhaler properly after being counselled? You are looking at whether the process

works and the patient has benefited from the process. This is the point at which changes can be made if necessary when the topic has been reviewed.

In community pharmacy, it can be difficult to monitor the outcome since it may be months between the times that a patient is seen, so the outcome cannot always be monitored.

In this case the process may have to be audited, with the assumption that if the process is carried out correctly, then the outcome will have the desired result. But this is not always the case — the pharmacist teaching the correct method to use an inhaler does not mean every patient will use their inhalers correctly.

### Setting standards

Standards for the audit can be either imposed from an external source or agreed locally. External standards may be imposed by the Society or FHSAs, but these tend to be minimum standards. Personal standards are generally set at a higher level.

Standards must be achievable. Common mistakes can be made in formulating standards which are not easily specified or measured. Imposing standards rather than developing them jointly among your team can lead to problems; setting too many

standards at the outset will involve endless collection of data and no quick solutions or outcomes of the audit.

After the audit, changes can be implemented by introducing policies that have been realised as a result of the audit, or the standards of the audit can be raised if it is found that the original ones were easily achieved.

The change implemented as a result of an audit must be monitored. The change might not always improve things and should be approached constructively.

### Audit for retail

Community pharmacist Mr Kayne looked at pharmacy audit. Self-audit would be the likely option, he said, because it allows a closer look at processes in the pharmacy and can identify them in much greater detail.

Looking at one area at a time is essential to maintain control over the self-audit process. The aim of the audit is to monitor performance and provide quality assurance.

Pick one appropriate topic at a time, and monitor the process after setting the standards appropriate to your environment. Mr Kayne has found a questionnaire to be the quickest method of response, but a rating scale can be used depending on the topic being assessed.

Interpreting results and affecting change is not always easy. The desirability of change and the authority to produce change do not always go hand in hand in community pharmacy. There must be a disciplined agreement at the outset of the audit on the action to be taken depending on the outcome.

### Training for audit

A distance learning pack being developed by the College of Postgraduate Pharmacy Education entitled "Moving to Audit" will be distributed to all community pharmacies and hospital managers.

Dr Alison Blenkinsopp, CPPE director, said: "By introducing audit there is a new culture being brought into pharmacy, and small steps should be taken to achieve the final objective."

"Audit will become part of everyday practice for every professional. It may take a long time to get there, but the strategy is to get as many people on-board as possible. Preregistration students and undergraduates should be included and pharmacists should be encouraged to use all resources available."

## Why audit?

David Pruce put forward the advantages of audit, considering the amount of new work it would introduce for the pharmacist.

- The quality of care offered to patients will be improved
- Strengths in your team will be identified and can be built on — an audit is not simply a method of identifying weaknesses
- It is also an educational tool to identify areas where further training may be required.
- Increased efficiency will lead to a better business
- Team morale will be improved by looking at the methods of your business as a team
- The credibility of pharmacy as a profession will be improved.



Vaseline®  
Intensive  
Care®

# SKIN SCIENCE UPDATE

## News from Vaseline Intensive Care

For many years Vaseline Intensive Care lotion has been Britain's top selling hand care lotion. The reason is simple Vaseline Intensive Care lotion works. It's one of those products which you know you can trust.

However, Vaseline Intensive Care lotion did not just happen. It was developed by a team of scientists from the Unilever Skin Research Programme who are continually looking to unlock the secrets of skin care.

This Vaseline Intensive Care Skin Science Update Newsletter has been designed to introduce you to some of the work which goes into developing Vaseline Intensive Care products and testing their effectiveness, as well as some facts and figures about the skin care market.

## New Skin Care Training Video

To help you understand more about the skin and relate this back to your customers, Vaseline Intensive Care has produced a new training video aimed at those who are in the front line of advising on common skin complaints: pharmacists, pharmacy assistants and community nurses.

The video represents a collaboration of scientists from the Unilever Skin Research Programme with The Royal College of Nursing, The National Eczema Society and The Royal Pharmaceutical Association.

Designed to be used as a complete training package by groups or individuals, the video aims to stimulate an understanding of the basic principles of skin care and treating people with skin complaints. It covers a number of key training points in the care of skin, including understanding the structure and function of healthy skin and causes of dry skin. The programme also looks at what advice you can give and when you should refer a person with a skin problem to a GP or dermatologist. You can assess your understanding of skin care by answering the five questions in the self assessment section, to review and identify sections of the video that may need to be watched again.

Please turn to the back page to find out more about the video and how to order your copy.

For every video purchased Vaseline Intensive Care will donate 10% of the purchase price to The National Eczema Society.

## The story behind the brand ..

*Vaseline Intensive Care Research - the No. 1 authority when it comes to hand and body care*

The story of Vaseline Intensive Care began in 1859 when Robert Augustus Chesebrough, a New York chemist, noted that oil workers in Pennsylvania used the residue from oil pumps to treat their cuts and burns. By 1870 Chesebrough's research had led to the discovery of how to refine petrolatum. He named his product Vaseline Petroleum Jelly, and evolution has produced a company committed to understanding skin care problems, and to producing a comprehensive and effective range of skin care products to solve those problems.



## Skin Science Success ...

Here in the UK Dr David Salter, one of the Unilever Skin Research Programme scientists, has won a world-class award for Personal Products Science at the 17th Congress of International Federation of Societies of Cosmetic Chemists (IFSCC) which took place in Yokohama, Japan.

The IFSCC Congress is the world's main meeting for the skin care industry and takes place every two years. Dr David Salter was the only non-Japanese recipient of an IFSCC Award in the last ten years.



## Vaseline Intensive Care - Skin Science Update

Today, one hundred and twenty three years of research, and a worldwide collaboration of over 2000 scientists in 42 countries has established Vaseline Intensive Care as the leading authority in hand and body care.

Through worldwide collaboration by separate scientific teams on many skin care projects, Vaseline Intensive Care Research has become the global leader in the science of skin care, and is committed to furthering the understanding of skin into the future, and to producing skin care products with superior efficacy in restoring and retaining the moisture.



# The Importance of Desmosomes

Recent research by another Unilever Skin Research Programme scientist at Colworth, Anthony Rawlings, has produced a further insight into the understanding of skin dryness.

In a healthy skin, cells are constantly being shed imperceptibly from the outermost layer of the epidermis, the stratum corneum. This process is called desquamation and through it the stratum corneum is completely replaced on average every 14 - 21 days.

However, in dry skin the cells tend to flake off in clumps instead of individually. This phenomenon appeared to be related to the breakdown of desmosomes.

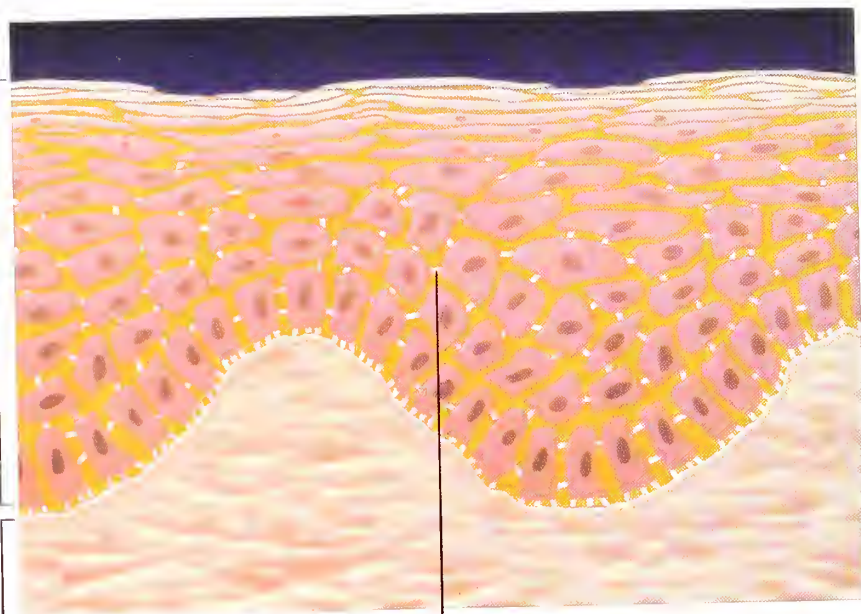
Desmosomes are protein structures which hold together the cells at the deepest layers of the stratum corneum, rather like rivets. In a healthy skin the desmosomes are broken down, or digested, allowing normal desquamation. When this system is disrupted and moisture levels drop, the desmosomes are not broken down so the cells stay clumped together and break off in sheets.

Studies showed that when moisture levels in the stratum corneum were restored, then desmosome breakdown could function normally.

In clinical trials using electron microscopy and biochemical measurements, it was found that Vaseline Derma Care lotion was highly effective at promoting desmosome breakdown and rehydrating dry skin.

Epidermis

Dermis



*Stratum corneum made up of de-nucleated cells (flattened cells)*

*Desmosome 'rivets'*

Ref: Unilever Report ICW920124

"An Investigation into Skin Dryness and the Effect of Various Moisturisers on Desmosome Digestion".

## From Intensive Research Comes Intensive Care

Vaseline Intensive Care Research has developed a range of products for the prevention and care of dry skin conditions that are scientifically proven in Unilever human study Moisturising Efficiency Tests to reduce dryness. Research continues to develop new and innovative formulations for specific areas of skin dryness and to improve product efficacy. Every time you recommend a Vaseline Intensive Care product to your customers you can be assured it will offer quality skin care backed by intensive research.

**TOP SHELF - Vaseline Intensive Care UV Daily Defence Lotion / Vaseline Intensive Care Hand & Nail 2-in-1 Lotion**

**MIDDLE SHELF - Vaseline Derma Care**

**LOWER SHELF - Vaseline Intensive Care**





## The Vaseline Intensive Care Portfolio

**Vaseline Intensive Care lotion and cream, is the UK's leading hand care product. It is a lightly fragranced rich blend of moisturisers specially formulated by Vaseline Intensive Care to soothe tight dry skin caused by everyday wear and tear.**

- Tests prove Vaseline Intensive Care lotion has a longer lasting moisturising effect over the nearest competitor in the category.<sup>1</sup>
- Easily absorbed, no greasy after feel

### PRODUCT DETAILS AND R.S.P'S

Lotion available in 75 ml flip-top tube £1.19, 200 ml flip-top bottle £1.99 and 500 ml pump-dispenser £3.89

Cream available in 100 ml pot £1.75

<sup>1</sup> ref: Clinical Study (1993) data available on request

**Vaseline Derma Care, a therapeutic moisturiser developed with dermatologists by Vaseline Intensive Care for the relief of problem dry skin.**

- Clinical trials prove Vaseline Derma Care can significantly improve dry skin after only 4 days of regular application.<sup>2</sup>
- Dermatologically tested suitable for hands, face and body.
- Non-greasy, easily absorbed and fragrance free.
- Lanolin free cream.

### PRODUCT DETAILS AND R.S.P'S

Lotion available in 75 ml flip-top tube £1.39, 200 ml flip-top bottle £2.75, 500 ml pump dispenser £4.99.

Cream available in 100 ml pot £2.19.

<sup>2</sup> ref: Clinical Monadic Studies - January 1981.

**Vaseline Intensive Care Hand & Nail 2-in-1 lotion, with a nail conditioning complex for complete hand care. Not only does it ensure skin is soft and smooth, it also conditions nails so they are less likely to chip, crack or split.**

- Test prove that after regular daily use nails are significantly improved and less likely to break.<sup>3</sup>
- Special blend of highly effective moisturisers.
- Contains Keratin nail conditioning complex.
- Lightly and easily absorbed lotion

### PRODUCT DETAILS AND R.S.P'S

Lotion available in 75 ml flip-top tube £1.35 and 150 ml flip-top bottle £2.19.

<sup>3</sup> ref: Clinical in vivo study - April 1988

**Vaseline Intensive Care UV Daily Defence lotion, the first mass market all-over body lotion with UV filters, designed for every day use to help keep the skin soft and supple whilst protecting skin from the damaging effects of both UVA and UVB rays.**

- Effectively conditions skin with its rich blend of moisturisers
- Non-greasy, easily absorbed, with no white residue that some products leave.
- PABA free (Para-Aminobenzoic Acid, a common skin sensitiser in UV filtered products).

### PRODUCT DETAILS AND R.S.P'S

Lotion available in 75 ml flip-top tube £1.55 and 250 ml flip-top bottle £3.55.

## Current trends in skin care

The most significant development in the skin care market during the past year is the increased interest in body care products. The sector has already seen a year on year growth of +16%, with the total sector worth £69 million in 1992.

Research monitoring has shown a trend away from general purpose products to added value body specific brands. This trend has been enhanced by the general bias of the body care market to younger consumers, who tend to be most receptive to product innovation.

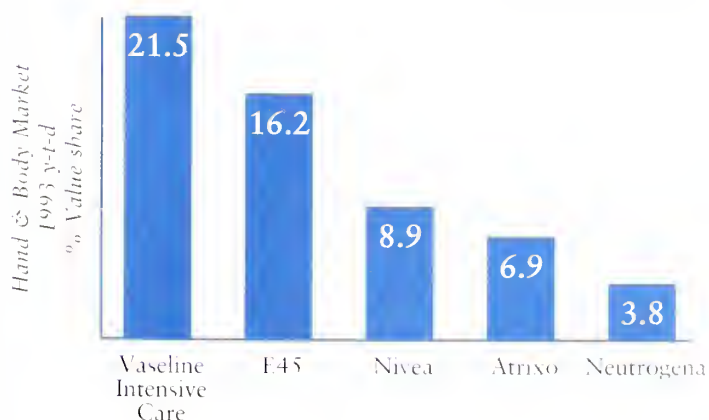
The body care sector has also seen greater interest in caring for dry skin with a variety of new products entering the market. Vaseline Derma Care is a therapeutic moisturiser, developed with dermatologists to offer long lasting relief from problem dry skin conditions.

Price has been the key force behind growth in the hand care market, which grew by +6.5% to £35m<sup>1</sup> in 1992. In response to this growth in the hand care sector, Flida Gibbs has now reformulated and repackaged their original Hand & Nail Formula as a 2-in-1 lotion, with dual benefit in one product. The new Vaseline Intensive Care Hand & Nail 2-in-1 lotion was launched in April 1993. Since then its hand care share has grown by 6.1% to 11.4%.

Vaseline Intensive Care lotion and cream has been Britain's top selling hand care product since the mid 1980s, and combined with Vaseline Intensive Care Hand & Nail 2-in-1 lotion has a value brand share of 40.4% (1993 y-t-d) of the hand care sector.<sup>2</sup>

"We recognise that in order to grow the hand care category, it needs strong, well supported brands. We are committed to developing the category and the Vaseline Intensive Care range, which now accounts for 21.5% (1993 y-t-d) value share of the hand and body care market. The coming years will see a range of high profile activities designed to grow the category and increase the dominance of Vaseline Intensive Care as the number one authority in hand and body care market," says Ray Whitley, Vaseline Brand Manager.

<sup>1</sup> Source: Flida Gibbs





# Distribution / Stocking trends

The past year has seen a small shift from chemist and druggists to the grocery trade, with the grocery trade share up from 24.4% to 25.5% in 1992 (Elida Gibbs). The increased stocking of toiletries by the major multiples helps to explain this shift. Within the chemist sector independent chemists share has declined to a 11.9% share in 1992, down 4% on 1991 (AGB). Boots have gained sufficient share to hold the chemist share of the total constant.

"Our main message to retailers in 1993 would be to encourage them to manage their hand and body category more profitably by stocking a more balanced product range, allocating about half the fixture space for lotions including the key brands Vaseline Intensive Care lotion, and Vaseline Intensive Care Hand & Nail 2-in-1 lotion. Our own market information has shown that 31% of all packs sold are lotions under 200 ml, and 37% of all packs sold are creams under 100ml, therefore we recommend the stocking of these formats in these sizes," says Duncan MacConnol, Skin Care Category Trade Manager.

## Training Video Order Form

Name: (Mr / Mrs / Ms) \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_

(BLOCK CAPITALS)

Please send me \_\_\_\_\_ Vaseline Intensive Care Training Videos at £1.99 per video to cover postage and packaging. I enclose a cheque or postal order for the sum of £ \_\_\_\_\_ made payable to The Vaseline Intensive Care Bureau.

Post to

The Vaseline Intensive Care Bureau,  
 PO BOX 289, Sawston, Cambridge CB2 4HH

Please allow 28 days for delivery.

**PRICE INCLUDES 10% DONATION TO THE NATIONAL ECZEMA SOCIETY**

# New Skin Care Training Video

Dry skin is the most common complaint presented to dermatologists, and a frequent cause of enquiry at the pharmacy counter.

The Vaseline Intensive Care Training Video is a complete training package, designed to be watched individually or in a group training situation. It covers a number of key training points in care of skin and incorporates a self assessment section to identify sections of the video that may need to be reviewed. Also included is the Vaseline Intensive Care leaflet on Skin Care. Further copies of the leaflet and the Vaseline Intensive Care Skin Factfile, a



comprehensive guide to skin care and common skin care complaints, are available on request.

Covered in this programme are the structure and function of the skin, causes of dry skin problems, and the range of treatments that can help alleviate dry skin. Training points include how to treat the whole person, not just the condition and symptoms, by listening touching and making eye contact, as well as the type of advice which can be offered and when to refer.

The video can be obtained by filling in your name and address and the number of videos you require on the order form opposite. Please send it to: The Vaseline Intensive Care Bureau, PO BOX 289, Sawston, Cambridge CB2 4HH.

For further enquiries:

Vaseline Intensive Care Bureau,  
 24-28 Bloomsbury Way, London WC1A 2PX



**SKIN SCIENCE UPDATE**



# Man of the moment

This time last year, Hemant Patel was taking stock of his career. Not liking what he saw in his chosen profession, he was ready to sell his pharmacy and concentrate on something new.

But before he could pass the point of no return, Mr Patel became very angry about something he read in the columns of *Chemist & Druggist*. And that emotion spurred him on to where he is today — member of the Royal Pharmaceutical Society's Council, chairman of the Pharmacy Support Group and the man responsible for more column inches in the pharmacy Press than some politicians who have been around for years.

The article that so angered Mr Patel was the Pharmaceutical Services Negotiating Committee's announcement that, given the current negotiations, it was no longer possible to protect the status of small contractors on the grounds of size alone (*C&D* January 30, p157).

Originally his intention was to set up a pressure group to fight this move, get the momentum going and then let someone else take over the reins. But when he realised the effects that the remuneration offer could have, he knew there was no way he could stop fighting.

"At one stage I'd decided to come out of the PSG, but I had a phone call from a lady in tears, saying she was the only wage earner in her family and this situation was going to destroy her life. I decided then that I would be letting people down if I didn't carry on."

From a humble start, with around 50 members, the Group has expanded in just seven months to nearly 2,000 spread across the country. Mr Patel is convinced that PSG will be a force to be reckoned with in pharmacy politics for a long time to come.

## Fresh challenges

But what of the man behind the public image? The change from independent contractor to public figure has been swift and one that has meant a lot of personal upheaval.

Mr Patel is a tall, softly spoken, somewhat serious person. When you first meet him you are struck by his commitment to "the cause", and the enthusiasm with which he tells you that the threat presented by the current remuneration crisis is actually an opportunity in disguise. An opportunity, that is, for the profession to unite and fight the common enemy — in this case the Government.

These past six months have brought many fresh challenges for someone who openly admits that he sometimes lacks confidence, which is difficult to imagine when you've seen him talking passionately about the

**In less than a year, Hemant Patel has gone from dissatisfied contractor considering a change of direction to Society Council member and chairman of one of the most successful pressure groups of recent times.**

**Jane Feely talks to the power behind the Pharmacy Support Group**



**"I feel I should have got into it a lot sooner than I did"**

future of the profession.

Speaking in public, for example, was not something that came naturally. Another big step, which Mr Patel initially dismissed as ridiculous, was to stand for Council.

The original idea was to use the vote as a way of gauging the level of support for PSG. He never expected to get elected or to do so with the second highest number of first preference votes.

"In many ways, although it had never entered my head before, I feel I'm tailor-made to carry out the job of Council member," he says. Then, reflecting on what he has just said, he laughs: "I know it sounds boastful but I feel I should have got into it a lot sooner than I did. Perhaps if I had things would have been different."

Mr Patel admits he was nervous at the prospect of taking his place around the Council table at Lambeth, but was also very conscious of the goodwill he took with him from his supporters. After three meetings, he is now beginning

to understand the workings of the corridors of power.

"I think I allowed myself to be overawed at first and I didn't relax as much as I should have," he says. "Now things are beginning to fall into place and I can walk into the building with a measured stride."

## Many ambitions

While the vision of fair remuneration for pharmacy contractors is uppermost in Mr Patel's hopes for the future, he is also committed to raising the standards of pharmacy practice and of getting the grassroots membership involved in the Society through local branches.

One phrase that crops up time and again when he is talking about his future aspirations is self-esteem, something he feels is currently missing in the profession.

PSG's presence at this year's Chemex exhibition enabled Mr Patel to meet many contractors and to gauge their mood: "At the stand I was getting people saying 'I'm not a pharmacist' with some kind of delight and others saying 'I wish I wasn't a

pharmacist, I wish I was doing something else'. I understand what they are trying to say but I still find it sad that they feel this way."

Ever the optimist, Mr Patel is hopeful for the future. Already, he says, when he compares the mood of the profession now to what it was like in March, when the Department of Health made its first remuneration offer, he sees an improvement.

"The message coming through is that, whatever happens, we can now fight together; that's a very different mood to when I first started. Before people were basically paralysed. Now they are saying 'we can fight this together'."

## A price to pay

Mr Patel is quick to pay tribute to the team of helpers he has at PSG but, despite their assistance and support, a great deal of work and worry seems to have fallen on his shoulders. Even his health has suffered as a result.

"There are black moments but there are also moments when I'm very proud of the work that the PSG is doing," he says. "I'm sure that from this Group, new leaders will emerge in due course."

Despite his apparent meteoric rise, Mr Patel has no aspirations to reach the dizzy heights of president of the Royal Pharmaceutical Society, for example. Deep down he is a very committed family man and it is this, he believes, that will eventually cause him to step aside and let others take over.

"I made a promise to my wife that unless my workload is cut down drastically there is no way I can be chairman of PSG, remain on Council and run a full-time business," he says.

"I've got a three-year-old son and a six-year-old daughter, and as they get older I'm aware that I only have a limited amount of time with them. If I don't do it now I know I'll regret it for the rest of my life."

Even at the young age of six, his daughter has already decided to follow her father into pharmacy: "I've tried to encourage her to keep an open mind but I think she has had such a strong role model that she believes deeply that's what she wants to do."

One thing that spurs Mr Patel on is the thought that, should his daughter choose this path, pharmacy will still be a strong and proud profession.

"It is vital that there is still a profession there for her in 20 years' time, and that it is a caring profession with a sense of achievement and purpose."

So in years to come, will *C&D* be reporting on the latest pharmacy pressure group with Mr Patel's daughter at the helm? He laughs: "I would be very proud if that was the case. That's what dreams are made of, and we mustn't stop dreaming."



*Don't dice with lice -*

“Insect populations that are indefinitely exposed to a single insecticide inevitably develop resistance.”<sup>1</sup>



#### ABBREVIATED PRESCRIBING INFORMATION

CARYLDERM® Lotion,  
DERBAC®-C Liquid,  
DERBAC®-M Liquid,  
FULL MARKS® Lotion and  
PRIODERM® Lotion

Indications: DERBAC-C Liquid,  
CARYLDERM Lotion, FULL MARKS  
Lotion, PRIODERM Lotion and  
DERBAC-M Liquid: Treatment of head  
lice infestation

Active ingredients: DERBAC-C Liquid  
carbaryl 1.0% w/w. CARYLDERM  
Lotion carbaryl 0.5% w/v. PRIODERM  
Lotion malathion 0.5% w/v. DERBAC-  
M Liquid: malathion 0.5% w/w. FULL  
MARKS Lotion: phenothrin 0.2% w/v  
Dosage and administration: Sprinkle  
onto dry hair and rub gently into the  
scalp until all the hair and scalp are  
thoroughly moistened. Allow the hair to  
dry naturally and leave for at least 2  
hours (12 hours for DERBAC-C Liquid  
and DERBAC-M Liquid). Shampoo the  
hair as normal. Rinse and comb whilst  
wet to remove dead lice and eggs.

Contra-indications, warnings, etc.: Not  
to be used on infants under 6 months of  
age except on medical advice. Avoid  
contact with the eyes. Skin irritation can  
occur. These treatments may affect  
permed, coloured or bleached hair. Do  
not use these products if you are  
sensitive to any of the active ingredients.  
CARYLDERM Lotion, FULL MARKS  
Lotion and PRIODERM Lotion contain  
isopropyl alcohol which may exacerbate  
asthma or eczema. As they are also  
flammable, apply and dry the hair with  
care and do not use artificial heat.

Prices: CARYLDERM Lotion 55 ml,  
£1.595 (R) £2.80, 160 ml £2.845 (R)  
£4.99. DERBAC-C Liquid 50 ml, £1.595  
(R) £2.80, 200 ml £3.415 (R) £5.99.  
DERBAC-M Liquid 50 ml, £1.595 (R)  
£2.80, 200 ml £3.415 (R) £5.99. FULL  
MARKS Lotion 55 ml, £1.595 (R) £2.80,  
160 ml £2.845 (R) £4.99. PRIODERM  
Lotion 55 ml, £1.595 (R) £2.80, 160 ml  
£2.845 (R) £4.99.

Product licence numbers:  
CARYLDERM Lotion PL 0337/0038,  
DERBAC-C Liquid PL 0337/0203,  
DERBAC-M Liquid PL 0337/0205, FULL  
MARKS Lotion PL 0337/0153,  
PRIODERM Lotion PL 0199/5002R.

Product licence holders: Napp  
Laboratories Ltd., Cambridge Science  
Park, Milton Road, Cambridge CB4  
4GW UK. (CARYLDERM Lotion,  
DERBAC-C and DERBAC-M Liquid,  
FULL MARKS Lotion) Prioderm  
Laboratories Ltd., (Member of Napp  
Pharmaceutical Group), Cambridge  
Science Park, Milton Road, Cambridge  
CB4 4GW UK.

(PRIODERM Lotion only)  
Date of Preparation: June 1993  
Further information is available on  
request from Napp Laboratories Limited  
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1991; (25): 27-48
  2. Maunder JW. J Roy Soc Health  
1991; 111: 24-6

To help prevent resistance development

## FOLLOW THE ROTATIONAL POLICY

as recommended by your Regional/District Pharmaceutical Officer  
Napp Consumer Products Division have a full range of products to fulfil all  
requirements of the rotational policy

pyrethroids  
(phenothrin)



malathion



carbaryl



“Any incipient resistance which may have developed can then be  
eliminated by the discontinuance of the first insecticide and the substitution of  
another for the next three years.”<sup>2</sup>

To find out which product is on rotation in your area, please contact your  
Regional/District Pharmaceutical Officer or ring the  
**HEADLICE HELPLINE ON 0223 424444**



Consumer Products Division, Napp Laboratories Limited, Cambridge Science Park, Milton Road,  
Cambridge CB4 4GW. Date of Preparation: February, 1993.



Domiciliary care, monitored dosage systems and the place of health economics in the undergraduate degree course were all under discussion in the Topical Debate session at this year's British Pharmaceutical Conference. The first two motions were lost while the third was more successful

# Domiciliary care extends pharmacists' role

"The provision of pharmaceutical care in domiciliary and residential settings is neither an extension of, nor compatible with, the developing role of the High Street chemist. The Society should therefore cease to promote this as an extended role for existing pharmacy contractors and investigate other ways of satisfying this clinical need."

The debate revealed growing friction between hospital and community pharmacists as regards the latter's role in community care.

Martin Jackson, chief administrative pharmaceutical officer at

clinical role. He asked whether it was reasonable for contractors to spend time retraining for this role when a clinical diploma must be regarded as a minimum requirement. Also the continuing education needed to maintain expertise eats further into available time.

He also raised the issue that there is a possible conflict of interest: "Is it proper for the person who assesses and advises on the client's pharmaceutical needs to be the person who will sell many of the goods and services to meet those needs?"

Graeme Millar, chairman of the Scottish Pharmaceutical General Council, vigorously opposed Mr Jackson. He felt it was an insult that the motion had been proposed in the first place because many community pharmacists already provide this service.

Mr Millar said the provision of domiciliary and residential care is a role that could be filled only by the community pharmacist, and this made pharmacists an integral part of the healthcare team.

With Government policy supporting care in the community, he agreed that the standard of care in the community should be no less than in hospital. He said Mr Jackson's implications that there is an increased standard of pharmacy in hospitals "indicates a lack of knowledge of community pharmacy on a day-to-day basis".

He felt that the care needed should include the provision of information on a formal and informal basis both for patients

and carers and assessment of patients' needs.

Michael Beaman, secretary of



Graeme Millar: motion "an insult"

the local conference committee, joined Mr Millar in expressing surprise at the motion which he felt to be premature and pessimistic: "We should look at how pharmacies could be not as they are," he said.

Many members of the audience agreed. Glasgow pharmacist Steven Kayne pointed out to Mr Jackson: "As part of our professional training we must undergo continuing education."

He also noted that community pharmacists all fulfil clinical, informational and advisory roles.

Professor John Rees of Bath University called for greater collaboration between all branches of profession to provide a good comprehensive pharmaceutical service.

The motion was lost.



Martin Jackson: "unfeasible"

Fife Health Board, feels that the time community pharmacists must spend in fulfilling the role of a domiciliary provider is unfeasible.

He questioned the depth of training that most contractors had in dealing with a domiciliary



Ali Mortazavi and Tanya Nicholls, postgraduates from the University of Portsmouth, get the product benefits from Reckitt & Coleman's Gavin James



Dr Lindsey Gilroy (left), assistant director distance learning, and Jennifer Archer, assistant director continuing education, on the Centre for Postgraduate Training stand at Pharmex

Regular consultations with a pharmacist makes smokers more likely to give up permanently when compared to those who rely only on the use of an over-the-counter product.

A two-year trial in Belfast carried out by pharmacist Terry Maguire showed that 56 per cent of those participating in a programme of regular visits had still given up smoking after three months. This compared to 16 per cent of those who had opted for the use of nicotine gum alone. After six months the figures were 46 per cent and 6 per cent respectively.

The smoking cessation programme consisted of ten interviews with the pharmacist. The first was designed to last no more than ten minutes and the subsequent interviews no more than five minutes. The pharmacist encouraged customers to identify their reasons for giving up and offered advice and encouragement.

Mr Maguire concluded that the adoption of a similar smoking cessation programme in pharmacies across the country could contribute significantly to the Government's targets set out in the "Health of the Nation" paper.

The results were obtained before transdermal nicotine patches were available in the UK.



# Monitored dosage ... or a hint of MFI?

**"This Conference believes that community pharmacists should not be responsible for the assembly of medicines into monitored dosage systems."**

Pharmacists involved in residential care should concentrate on meeting the genuine needs of patients and carers.

"Medicines usage is our expertise, not packaging," declared Mary Tompkins, of NE Thames RHA, proposing the motion. "When MDS is really needed, the pharmacist's responsibility is wider than just assembly, which

what else a pharmacist has to offer. Those homes which get a good service have often not seen any need to change the dispensing system, said Miss Tompkins.

Pharmacists need to look at what homes really want, she said. A home cannot delegate responsibility for medicines to a pharmacist and consider that this ends their responsibility.

Oposing the motion, Dr Peter Rivers, University of Derby, said it was essential that pharmacists remained responsible for assembling MDS. Failure to do so would cast doubt on the profession's resolve to improve patient care. Support to carers was as important as servicing patients directly.

He said that MDS provides the facility to tailor a patient's medicine requirements to meet

the need. Assembling medicines into MDS puts pharmacists in a position to "control the game". It is also considered a valuable service by carers, reducing their anxiety about administering medicines and eliminating the need for home staff to re-dispense.

MDS also reduces the error rate in giving medicines, said Dr Rivers. What really upsets most community pharmacists is that the actual act of assembly is time-consuming and expensive, and they are not remunerated for supplying such systems.

"Here I do sympathise," he said.

If MDS were withdrawn, there are unlikely to be pre-filled products to take their place. If pharmacists are not prepared to accept the responsibility for assembling medicines, someone



**Dr Peter Rivers: in control**

else will, probably the carer.

Elizabeth Roddick (Glasgow) argued that the principal benefit of MDS is to save staff time in homes. Pharmacists should spend time talking to patients rather than pushing tablets out of well-designed manufacturers' packs.

Philip Green (DoH, London) said MDS had to be a pharmacist's responsibility, but it did not have to be the pharmacist who did all the work.

The motion was lost by a large margin.

## Vital lessons in health economics

**"This Conference believes that the topic of health economics should be included in the pharmacy undergraduate course."**



**Professor Clive Wilson: queries**

All pharmacists should have a knowledge of the basics of health economics but the current undergraduate course is too cramped to allow this to happen, concluded the debate.

Chris Cairns, director of the

South West Thames Pharmacy Academic Practice Unit, a late stand-in for the expected speaker Dr Ray Fitzpatrick who was unable to attend, highlighted the clinical benefits of health economics.

This is the science of balancing the cost of a particular healthcare intervention — whether it be



**Chris Cairns: balancing act**

drug therapy, a surgical procedure or otherwise — against the outcome measure. This could be an improvement in the mortality, morbidity or quality of life.

Mr Cairns pointed out the need to identify the value of a therapeutic intervention, especially with new therapies, and balance that against the cost. He used the 5-HT<sub>3</sub> antagonists such as ondansetron as an example.

Pharmacists will have a growing role in identifying the value of a particular medicine as GPs become more concerned with cost-effective prescribing. A knowledge of health economics will, said Mr Cairns, "become increasingly important and pharmacists will be called upon to give informed advice".

As health economics becomes as fundamental as pharmacology or statistics, it is vital that pharmacists should have these skills when they start practising, and the subject should be taught at undergraduate level.

Professor Clive Wilson, professor of pharmaceutical sciences at Strathclyde University, opposed the motion on the grounds that course time did not permit extra teaching.

In addition, he queried the relevance of health economics to the majority of graduates at this stage in their career while worrying about the increasing proportion of so-called "soft sciences" creeping into the course.

He felt that those who do have an interest could study at post-graduate level or be taught by their health boards, where expertise in the subject is already available.

He conceded that the introduction of a four-year degree course (five years in Scotland) could accommodate a basic grounding in health economics.

Professor Rhona Panton pointed out that pharmacists are going to be paid part of their fee from the family health services authorities, which will in turn require guidance and support in reducing the drugs bill. This will be done by health economists when it should be being done by pharmacists.

Judith Cantrill of Manchester agreed. She said that health economic issues are day-to-day issues and pharmacists need greater knowledge to become professionally credible.

The motion was carried.

**Mary Tompkins: one solution has the ring of MFI to me."**

Miss Tompkins described MDS as a service-led service with a "we have it and you should use it" attitude.

"This is not what we should be pushing," she said.

MDS is but one solution to a problem. There is a lack of awareness that, even in a care setting, people live complex lives where MDS does not always provide benefits. Care staff must be shown that their training and education is important.

Twenty years ago hospital pharmacists considered the prepacking of medicines as vital, but that stage was quickly passed with the realisation that advice and professional input was more important, she said. The mechanical aspects of the process were delegated to technicians.

A residential home may ask for MDS because it does not know



At the Numark stand at the Pharmex Exhibition (left to right): retail services manager Tony Gentle and managing director Terry Norris talk shop to José Moss, a research pharmacist at King's College London, and Cath McClelland from the University of Brighton



# A world first breakthrough in infant formula.

Mothers' milk contains special long chain lipids which are known to be important for the early development of a baby's brain and vision. The problem is that bottlefed babies have, up to now, been unable to receive these vital lipids from their infant milk.

But not any more. Because Milupa, Europe's favourite infant milk manufacturer, has achieved a significant breakthrough with the introduction of Milupan.

Milupan is a unique new fat blend, containing these vital long chain lipids, which we have added to our starter infant milk, Aptamil. This makes new Aptamil with Milupan a world first. It's the only infant milk that provides the long chain lipids babies need for early development. What's more, it provides them in a similar quantity and ratio to breastmilk.

So, for mothers who decide to bottlefeed their baby from birth, or just to breastfeed for a short time, new Aptamil with Milupan has to be the obvious choice.

If you want to share in the new future of infant milks, you'd better get your share of new Aptamil with Milupan now. It's available in 450g and 900g tins.

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For your representative or ring our Sales Department on 081-573 9966. Milupa Ltd., Milupa House, Uxbridge Road, Hillingdon, Uxbridge, Middlesex UB10 0NL

**IMPORTANT:** Breastfeeding is best for a baby. A doctor, midwife, nurse or health visitor should be consulted for any advice needed. If an infant milk is used, it is important for a baby's health that all preparation instructions are followed carefully.



# Pharmacists have increasing role in tailoring drug therapy

Pharmacists have an increasing role to play in tailoring drug therapy to suit the individual using therapeutic drug monitoring, conference science chairman Professor Malcolm Rowland told the BPC.

In his opening address, Professor Rowland explained that pharmacists must understand pharmacokinetics and the response-relationship of medicines in order to individually titrate doses.

He outlined many factors that could influence variability, and highlighted the pharmacists' input towards more effective management. This, he said, meant identifying patients at particular risk and advising on dose adjustment accordingly.

Advances in understanding how the body responds to drugs and in assessing the importance of contributing causes of variability — such as the environment, age, disease state and behaviour — could all help predict which patients may benefit from dose adjustment through TDM, he said.

Behaviour played an important part, with patient compliance vital in ensuring that therapeutic levels of medication are achieved, Professor Rowland continued. Compliance is notoriously difficult to assess without resorting to a pharmacokinetic analysis of

patients which is not practicable, he said.

But there was an easier method of assessment — the use of the Medication Event Monitoring System (MEMS).

This system contains an electronic chip which records the number of times a medicine bottle's cap is opened. Assuming that each time it is opened a dose is administered, this record can be read at the end of a course and a pattern of compliance recorded.

Of pharmacists who did not use MEMS, 88 per cent assumed that failure of a medication to produce an effect meant that dose adjustment was necessary. Only 12 per cent felt it was a problem of patient compliance. Among pharmacists who did use MEMS, this last figure rose to 47 per cent.

Professor Rowland pointed out that pharmacists could contribute to better patient compliance by considering patient rituals, such as times of eating, and encouraging families to help, especially with elderly patients.

Advances in quantifying the genetic differences inherent in individuals would also be a useful pointer for healthcare professionals, he said. The ability to discern fast and slow metabolisers would allow dose alteration to occur before administration.

Professor Rowland asked pharmacists to be aware of ethnic

differences when monitoring dose efficacy. For example, in Japan and China only 15 per cent

of the population are slow metabolisers of isoniazid, whereas in Britain the figure is 50 per cent.



Science chairman Professor Malcolm Rowland with Tom Sackville

## Chinese medicines used without prior health advice

Almost all Chinese homes keep stocks of traditional herbs and medicines and use them without the prior advice of healthcare professionals, according to a Liverpool survey.

At the same time, doctors, nurses and midwives are not fully aware of the effects of the interaction between Western medicines and Chinese remedies. This may be creating health problems among the users of such traditional products.

The research, presented in poster form at the British Pharmaceutical Conference by workers from Liverpool's John Moores University, found that common Chinese herbs used by the elderly and expectant mothers often lead to hypertension. But when Western anti-hypertensives were given as well, they were less effective at reducing blood pressure.

The researchers called for an information campaign to make healthcare workers aware of the prevalence of traditional remedies in Chinese communities throughout the UK.

"Community pharmacists are in a good position to create awareness among healthcare professionals and patients of the problems associated with the use of traditional Chinese medicine," the researchers said.



Joan Broadhurst, administrator at the Pharmacy Practice Resource Centre (left), talks to RPSGB vice-president Ann Lewis



Unipath technical representative Elaine Fraser chats to Chris Simpson from Sheffield's Royal Hallamshire Hospital

## Pharmacists raise adverse reporting rates

Reporting of adverse drug reactions using the yellow card scheme doubled when hospital pharmacists became involved in a pilot study carried out in the Northern Regional Health Authority.

In the first year there was a 50 per cent increase in the overall reporting rate from the region's hospitals and a 60 per cent increase in the reporting of serious adverse reactions.

Pharmacists' reports were of high quality and comparable to those of doctors when evaluated for causality levels, appropriateness and completeness of data, according to results presented at the British Pharmaceutical Conference on September 21.

While pharmacists and doctors reported ADRs to a comparable range of drugs, pharmacists submitted significantly more reports of serious reactions than doctors. Overall reporting by doctors also increased by 5.6 per cent during this period.

Regional pharmaceutical adviser Dr James Smith described the results as encouraging: "They demonstrate that pharmacists can make a substantial contribution to monitoring for drug safety. ADR reporting by pharmacists should become an established component of the yellow card scheme in hospitals."

Before the start of the study in January 1992, ADR reports on yellow cards could only be made by doctors, dentists, coroners and pharmaceutical companies.





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# Wisdom Signs Exclusive Deal with Tambrands and Announces Major Corporate and New Product Developments

Wisdom Toothbrushes, the leading toothbrush brand, has announced details of an exclusive distribution deal with Tambrands, market leader with its Tampax and Compak brands. Wisdom has traditionally sold directly to independent chemists, calling personally on more than 3000 pharmacists.

The company now believes that all independent chemists will be even better served by Tambrands own representatives who already call and take orders for the chemist wholesalers from more than 6000 independent pharmacies. Independent chemists will continue to be informed about all promotions and special offers via the Tambrands salesforce, chemist wholesalers and Trade announcements.

Tambrands has a 15-strong

sales force and, for the last three years, has also been responsible for selling leading brands - Duracell and Fuji - to independent pharmacists. As Martin Lancaster, Wisdom's newly appointed Sales Director, comments, "We have efficiently and effectively served our customers via our own sales force, but, in an effort to expand the number of personal visits, and provide a better service for Chemists, we decided to appoint a reliable and trustworthy company, with a strong presence in this marketplace. Tambrands more than fits the bill." Robin Morriss, Tambrand's Commercial Director, is also pleased with the newly formed partnership, and says, "We are delighted to be working with Wisdom and look forward to achieving excellent sales in the coming months. Our consistently

good track record with a range of leading brands is certain to be repeated with Wisdom. Our sales force has a close relationship with a broad number of customers and, with more than 58% of the total UK tampon market, we certainly realise the importance of sales via independent chemists." Tambrands' sales force will be calling on customers from 27th September to show the total Wisdom portfolio, along with details of new up-graded products, display packs and special price promotions.

Wisdom is supporting chemists this Autumn with the offer of display packs for Regular (6 dozen pack), Plaque Control Ultra (4 dozen pack) and Wisdom's new character toothbrush Gladiators (2 dozen pack) - the most popular childrens character of the moment.

Display packs for Regular will also carry a special offer price of 99p (versus £1.35) per unit, and Plaque Control Ultra display packs, at £1.39 (versus £1.59).

Contact your Tambrands representative or local wholesaler for immediate details.

Wisdom Toothbrushes, A Division of Addis Limited, The Silk Mill, Haverhill, Suffolk, CB9 8DT. Telephone 0440 714800.



## WISDOM

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WISDOM now available via TAMBRANDS sales force through the wholesaler of your choice



## WISDOM

**TAMBRANDS**



# Idiot-proof, not voice activated

## Computer technology leaves Anne Knox screaming for help

I had never realised how far up the social scale my normal working district lay — not until I was offered an hour or two of evening work in a pharmacy which is part of a vast shopping complex. In my regular pharmacy, I can at least leave the car parked round the corner and expect to find it intact four hours later.

In the regular pharmacy we use the Park computer system, complete with PMR and drug interactions, all kept up to date by a monthly disk. Last month there was a letter offering a magnificent prize in exchange for the usual small effort. There were three simple questions, the answers to which emerged from the text and, of course, the inevitable slogan. It apparently offered three new systems to the lucky winners.

I took the letter to show my husband, who has had plenty of experience with sophisticated computer systems. Yes, he said, it is possible to design a voice-activated system. It is also possible to programme the system to respond to various voices. Using a radio mike should present no problems, but ...

Can be activated within a range of 300m, they said. Fine, so I go into the post office to pick up my paper, take a prescription grandfather offers me, and set the printer going.

Can I warn the machine that: a) I'm not sure which of the labels that squiggle represents, or b) it had better not print the labels at once, since the Patels go to a practice on the other side of the river, which is given



to prescribing drugs our doctors never use.

Or suppose that the prescription arrives by the usual route, handed over the counter. How loudly do we have to speak to activate the printer? Is

it possible to mutter *sotto voce*: "Henry M, two Ventolin inhalers and two Becotide 100, but check if he borrowed a Ventolin the other day. He often forgets to tell us."

According to the spiel, the

system is perfect for checking possible interactions between OTC medicines and prescribed drugs. I presume the operator wears an earpiece to register the bleep of disapproval from the machine.

So Shona C comes in complaining of an awful cough and cold. To override the first bleep, I make it clear that the subject is mother Shona, the hypochondriac, rather than daughter Shona, the asthmatic. Unfortunately, since she has had every CNS-active drug in the formulary, I expect a series of bleeps in response to any cold cure she wants to buy. The only safe option, as I know already without a machine to bleep in my ear, is a bottle of simple linctus and a large box of tissues.

How does one talk to a radio mike without looking like one of those odd characters who wander along the pavement muttering to themselves? Is it normal practice to receive a prescription and promptly read aloud name, address and each prescribed item, complete with quantities and directions?

How would the machine react to prescriptions for addicts? If I were to tell it that Charlie has taken to supplementing his daily ration of 50ml methadone mixture, 2g chloral hydrate and 50mg diazepam with a bottle or two of one of the more lethal lagers, would his data be irretrievably corrupted by the shock?

Perhaps I do Park an injustice. Maybe they have really designed just such a system, but it would appear to contravene the first rule of pharmacy computer systems.

They must be user-friendly ... or idiot-proof, as we say in the trade.

## What's in an image?

### Anne Knox finds some exceptions to the rule that pharmacists are staid professionals

had to act as go-between when nobody would speak to him.

I was also the go-between in a minor financial fiddle between him and the manager of the Buttercup Dairy. As soon as our district manager loomed, I had to slink into the dairy to borrow enough to make our cash up to what it ought to have been, had the boss not needed the usual advance on his pay. Since the arrangement was reciprocal, it was lucky that the two district managers never arrived simultaneously.

When marketing was a new idea, someone arranged to give the local branch guidance on

merchandising: set out your wares attractively, lure your customer in from the street and lead him through your enticing display until he succumbs to temptation and parts with his money.

Up stood my second exception as soon as questions were invited: did it not occur to the lecturer that he had just given a perfect definition of prostitution?

I bought my own business from a typical country gentleman — always weatherbeaten, visiting now and then to take my daughter to the race course or to hand

over a spare brace of grouse.

The only recent man to leave a lasting impression was not himself a pharmacist, so he depended on locums while his wife was having her family.

Being a devout and diligent member of a sect of Islam, he enjoyed filling any idle moments with philosophical discussion — not in an attempt to convert me, which he rightly judged to be a waste of breath, but in an attempt to understand the *raison d'être* of an irreligious woman — your children are grown up and now that you have raised the family, what is the point of your existence without God?

Logic versus faith made an interesting change from profit margins and parallel imports. When his family grew so large that he had to employ a regular full-time pharmacist, I missed him.

Pharmacists are still fussing about their image. A less than immaculate specimen in a TV news item raises howls of anguish.

Would they be content with being like some of the fictional members of their profession — suitably faceless, anonymous, inoffensive? In old-fashioned detective stories, the chemist, always ready to believe a far-fetched story about vermin, sells the poison without being given a character or a face, often without even a name.

In more than 40 years in pharmacy, very few colleagues stand out. Maybe the professional need for care and accuracy stamps out the maverick. So I cherish the occasional exception.

My first boss was an ex-boxer. A stocky, red-faced man, he was always in such trouble with his female staff that the apprentice



# Magnatol - a new force to fight the fire of heartburn

In September 1991, Sterling Health took the digestive remedy market by storm with the launch of Andrews Antacid. Through a combination of product innovation, superior technology and strong brand heritage, the impact of this brand has been remarkable.

In just over 18 months, Andrews Antacid has proven an unprecedented success; with an impressive 12.8 per cent share of the indigestion tablet market, it now boasts the number four position(1). Sterling Health believe that Andrews Antacid has made a significant contribution to the 20 per cent sterling growth in the indigestion tablet market (1).

Fresh from this success, Sterling Health have put their expertise in product innovation to the test once more. With a historically authoritative voice in the digestive remedy sector and against a backdrop of strong brand heritage, Sterling Health have launched a brand new heartburn specific remedy.

Magnatol, from the makers of "Milk of Magnesia", has been specially formulated to treat heartburn. It has been

developed in response to a wealth of research data measuring consumer attitudes, preferences and expectations, and is set to mirror the success of Andrews Antacid by tackling the underdeveloped heartburn sector head on.

## A burning opportunity

Heartburn is set to become one of the fastest growing digestive remedy sectors, as hectic lifestyles reap their revenge on the sensitive digestive system. Remarkably, nearly 50 per cent of adults suffer heartburn symptoms over a 12 month period, with one in five suffering once a week or more (2). Despite these overwhelming statistics, heartburn specific remedies account for a disproportionately low 12 per cent of digestive remedy sales (3).



## Heartburn or indigestion?

"The underdeveloped nature of the heartburn market is clearly a result of confusion surrounding the condition," says Claire Wright, brand manager at Sterling Health. "Our research showed that 78 per cent of patients exhibiting symptoms of heartburn were treating with a simple antacid, and nearly 40 per cent of sufferers claimed they were not satisfied with their current treatment". (2).

Research also showed that as well as demanding a remedy that delivers rapid relief, consumers list taste and the reassurance of a trusted brand high on their priority list (2).

The market seemed to be waiting for a heartburn specific remedy that not only fulfilled consumer demand, but simultaneously overcame the

confusion surrounding heartburn and indigestion.

## Enter Magnatol

The conditions of heartburn and indigestion are clearly different, but are currently misinterpreted by sufferers.

Indigestion produces upper abdominal discomfort which may be related to wind or excess acid attacking the stomach lining.

In contrast, heartburn takes the form of a burning sensation in the chest, caused by acid rising from the stomach into the oesophagus and burning the delicate lining.

Occasionally acid will rise into the mouth and throat, giving the bitter after taste which often accompanies heartburn.

Taking the challenge head on, Sterling Health developed and designed Magnatol to





meet the needs of the heartburn sufferer.

Its unique double action formula combines fast and effective acid neutralisation with rafting action to give two - way relief from the pain of acid burning.

The combination of Antacids within a 20ml dose - Alexitol Sodium (300mg) Potassium Bicarbonate (600mg) and Magnesium Carbonate (100mg) - quickly neutralise acid to soothe the pain.

Xanthan Gum (180mg) has been identified as a new rafting agent, which acts with Alexitol Sodium to form a protective layer over the contents of the stomach, to stop further acid rising into the oesophagus.

## The taste for success

Heeding the research which highlighted taste as a key influencing factor in choice of treatment, Magnatol has been developed with a pleasant cool mint flavour.

In consumer taste trials, carried out by an independent research company, 65 per cent of consumers preferred Magnatol overall to other leading heartburn treatments tasted.

On the key influential factor of flavour Magnatol scored highly, with half the sample rating Magnatol as very good or excellent (2)

Crucial to the development was the need for a product which would be suitable for patients with high blood pressure or a heart condition. To this end, Magnatol has a sodium content of less than 15mg per 20ml dose.

## Educating the consumer

"We firmly believe that consumer education is the key to success for growing the

heartburn sector of the market," says Tony Philp, Sales Director at Sterling Health. "To underline this belief, we will be investing three quarters of a million pounds behind the launch of Magnatol."

This will include a national Press advertising campaign in colour, combined with a heartburn awareness PR programme through consumer advertorial and editorial coverage.

A further example of this education blitz is the unique peel and read label on the back of the bottle, which outlines differences between heartburn and indigestion, ensuring that patients have the information that they need on the pack itself.

The whole education programme involving Magnatol will use language which is easy for consumers to understand, to ensure that they can clearly identify their symptoms.

Sterling Health are confident that the heritage of Milk of Magnesia will be key to the acceptability of Magnatol. Over 80 per cent of people in research said that the name conveyed trust and efficacy and that they felt confident the treatments would be safe and effective (2).

Magnatol is available in a 200ml distinctive blue bottle, with an RSP of £2.99.

The pack label has been specially designed to communicate graphically the pain of heartburn, a theme which is reflected throughout the innovative display material. The point of sale material, which is available through your Sterling Health representative, includes shelf edgers and a counter unit.

A consumer leaflet entitled "Understand the Difference, Indigestion or Heartburn?" will also be available at point of sale.

All POS is designed to give



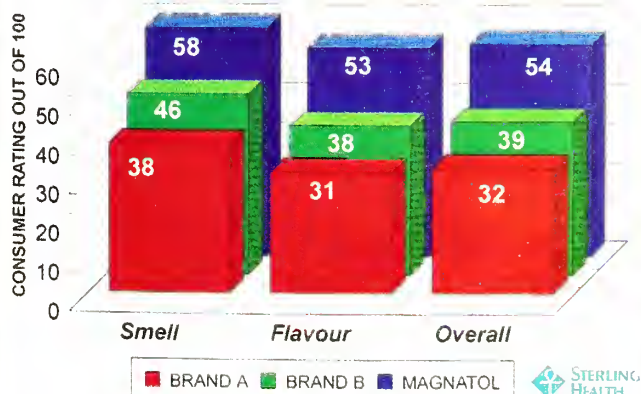
maximum impact and awareness in store.

If you do not already stock Magnatol, contact your Sterling Health representative or wholesaler for further information. Alternatively contact Andrew Sturton, Trade Coordinations Controller, Sterling Health, One Onslow Street, Guildford, Surrey, GU1 4YS. Tel: 0483 65599. Fax: 0483 440264.

**NEW**  
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MILK OF MAGNESIA®  
**STERLING HEALTH**

1. Nielsen MJ93 Independent Pharmacy.
2. Sterling Health Magnatol Research findings 1993.
3. Sterling Health Market Research.

AVERAGE RATING OF EACH PRODUCT





# In praise of golden oldies

The police will have their official yellow cones outside the shop today so that the cortege can stop to pick up the staff on the way to the boss's funeral. We shall take our place in the second car, immediately behind the cousins.

Since we are, in a way, surrogate family, this is as it should be. Miss Morrison has been on the Register since 1935, most of the time in this area. Her two dispensing assistants have clocked up 75 years between them.

With her goes a historic link, stretching back to the years before the last world war. She lived through all the changes in the profession, most of which filled her with increasing suspicion.

"It was our own fault," she used to say. "When they brought in the NHS they looked at the prices we'd been charging. It didn't enter any of their thick heads that we charged what we could get. Ask for a proper dispensing fee and nobody could afford their medicine."

Having begun in the days when we made everything — I still remember the Saturday morning nightmare of 144 stomach powders — she was dubious of the wisdom of a tablet for everything.

"Our old medicines maybe

## Anne Knox has fond memories of a fierce old pharmacist who refused to move with the times

didn't cure them, but we didn't poison them either — none of these lists of side-effects."

Memory has convenient holes in old age. All the heavy metals and the strychnine can drop through them along with any other lethal remedy which was once fashionable.

"Counselling!" she snorted regularly. "What do they think we've been doing all our lives?"

A legitimate question. She was the first stop for advice on any ailment. It was easier to ask Miss Morrison than to go to the doctor. But if she told someone they had to see the doctor, they did as they were told.

Not that she was the perfect ministering angel — a small, fierce, stubborn old woman, probably not any less fierce in her old age than she had been in her prime. As age began to defeat her, diminishing her days in her own kingdom, she enjoyed prowling round the dispensary and the front shop in search of examples of our sloppy habits. Little notes sprouted from cupboard doors and the edges of shelves.

To her accountants she must have been a nightmare — to both sets, those who did the books and those who did the

VAT. The system bewildered me. Invoices in one direction, statements in another — did the two ever meet? And the stock! We had a balance book, one of the first items she examined. Two or three entries in one week offended her.

"You're not looking after my stock — you know how I built this business up. They don't have to come back the next day."

Of course we knew. No matter how rare or expensive a new drug, if we have one customer on it, we kept another packet ready for the next prescription. No matter how excessive the quantity of a standard item on a prescription, we had it in stock. We could have three scripts for 30g of Betnovate ointment in quick succession, without having to ask the customer to come back in the afternoon.

No regard for economic efficiency, no cost-cutting, no cheese-paring; Pls over her dead body. Let's be charitable and assume that the concomitant absence of wage increases sprang from elderly absent-mindedness.

Despite her prickles, she inspired the kind of loyalty

among her staff which ensured that we tried to run her business as she wanted. Don't upset the boss.

It was an economic nightmare, but a perfect example of a pharmacy run to provide the best possible service to the customer. Turn nothing away. If it takes umpteen phone calls to wholesale buyers or to contact obscure companies at the other end of the land, make the phone calls.

For years, some of the better financed local pharmacists urged her to sell the business, to retire and enjoy the fruits of her life's work. But she was adamant that the business would never be sold in her lifetime.

When she did die, we expected to be bought over, absorbed into a group, homogenised and rationalised — but we had reckoned without Miss Morrison. Even as the coffin slid out of sight, she must have been having the last laugh. She had left the business jointly to her two faithful dispensing assistants, knowing they were so steeped in her ways that our way of working could be preserved for a few more years.

**In memoriam:** Lilius S. Morrison, July 25, 1912 to August 22, 1993.

## At last, combing out lice eggs needn't end in tears

New Step2, offers for the first time, a way of avoiding the hours of painful combing associated with lice egg and nit removal.

An infestation of head lice is easily cured. Any proprietary pediculicide will kill the lice and their eggs. It is after treatment however, that the problems really start.

The next step is to completely eradicate all traces of infestation by meticulously combing out the lice eggs and nits. This process is painful, distressing, and can take many hours.

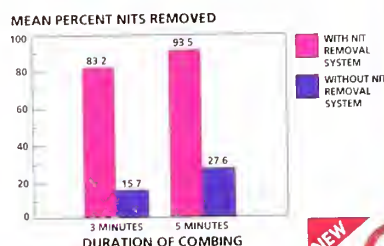
Now, there is a specialist lice egg removal system which pharmacists can recommend for use after any pediculicide treatment. Step2.

New Step2 is a creme rinse which greatly speeds the lice egg and nit removal process by loosening the bonds which hold them firmly to the hair.

Studies have shown that the combing process can be made up to 10 times faster with Step2. Step2 helps to reduce tangling, making combing less painful and far more effective.

New Step2 also reconditions treated hair, restoring its health and shine.

Killing the lice is only the first step in head lice treatment. Now you can finish the job with Step2.



**NEW**  
LICE EGG REMOVAL  
SYSTEM



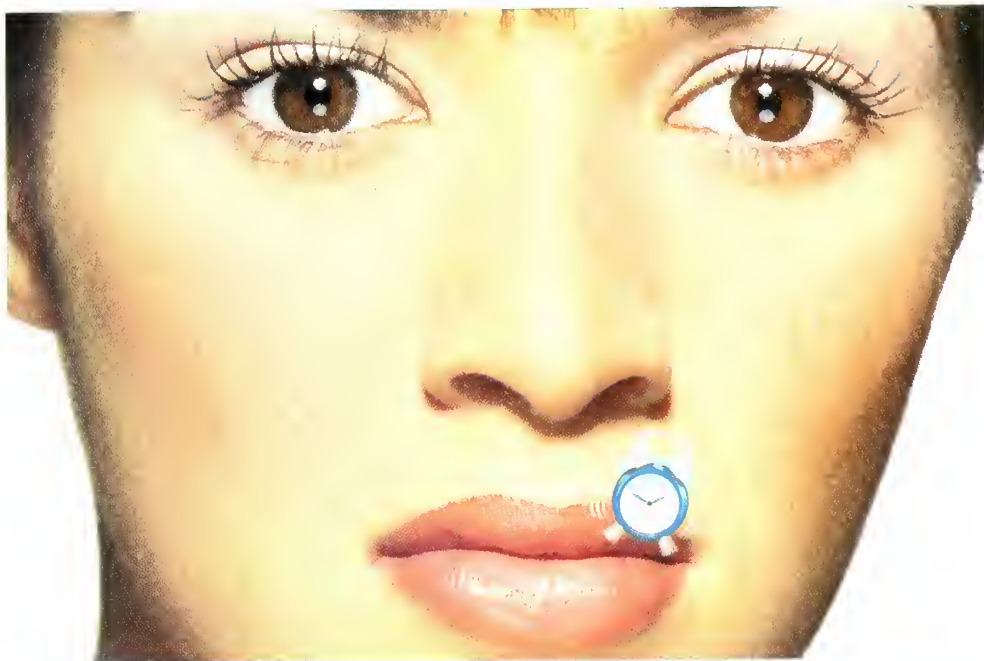
## Step2 takes the tears out of lice egg removal

**Note:** Step2 does not kill lice or their eggs, but speeds the removal of the lice eggs and nits which remain in the hair.



# COLD SORES?

## A MAJOR BREAKTHROUGH



Treating the tingle can prevent a cold sore



# ZOVIRAX<sup>®</sup>

COLD SORE CREAM

Early use can prevent a cold sore

ZOVIRAX COLD SORE CREAM<sup>®</sup> Acyclovir. Essential information. Presentation 5% w/w acyclovir in water miscible cream base. Uses Cold Sore treatment Dosage and administration Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued for up to an additional 5 days. Contra-indications, warnings, etc. Contra-indications: Zovirax Cold Sore Cream is contra-indicated in patients known to be hypersensitive to acyclovir or prodrugs of acyclovir. Warnings: Do not use for herpes infections of the eye or genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. Side- and adverse-effects: Transient burning or stinging may follow application. Erythema, itching or flaking of the skin has occurred in about 5% of patients. Erythema, itching and contact dermatitis has been reported rarely following application. Retail Selling Price - subject to Retail Price Maintenance: 2g tube - £4.99 (PL 3/0304) Legal category P. Further information available on request: Wellcome Medical Division The Wellcome Foundation Limited Cranwell Hall, Wellesbourne, Cheshire. Date of preparation: 13/5/93 © Trade Mark



## Transfer trading misery

I agree with T. Seabourne's comments about the poor service offered by Elida Gibbs' transfer trading scheme (C&D September 4, p380). More and more companies seem to be changing to this system which, from my experience, is usually a disaster. Goods take ages to arrive, many of them are marked out of stock and medicines are often short dated.

The latest company to propose transfer trading is Smithkline Beecham. Having had a disastrous pricing policy with toiletries during the past few years, they now propose to transfer trade their medicines. Whichever wholesaler these orders are put through, it will be a nightmare, particularly with so many products to keep track of.

I just hope that they reconsider this policy because if they do not, it will certainly result in loss of business for their products and much extra work for us.

S. Howard  
Aston, Sheffield

## When sumatriptan is appropriate

I read with interest your article "Drugs with novel modes of action" (C&D September 4) and would like to comment on the reference made to restricting the use of sumatriptan to patients who do not respond to prophylactic treatment.

Factors that require consideration in the treatment of migraine sufferers do indeed amount to more than an analysis of the cost of treatment.

One of the factors in deciding the type of migraine treatment appropriate for an individual is the frequency of attacks. You suggest in your article that sumatriptan would be appropriate for patients who do not respond to prophylactic treatment.

Current opinion suggests prophylactic treatment would normally be considered for patients suffering more than two attacks a month. Sufferers who have two attacks or fewer would normally be managed with an acute treatment.

Sumatriptan would be an appropriate acute treatment for sufferers who have migraine which interferes with their day to day activities.

It is worth considering that a considerable number of patients who are prescribed prophylactic therapy do suffer, prior to treatment, an average of only one attack a month. The cost of their management on 3mg/day pizotifen would be £15.96 per month. That group of patients, managed with sumatriptan for treatment of their acute attack, would cost £8 to £16 per month. This simple cost comparison does not take into account the relative efficacies and benefits of the products.

I hope that these points clarify the use of sumatriptan in the acute treatment of migraine.

Dr D.L. Higson  
Associate medical director  
Glaxo Laboratories  
Uxbridge, Middlesex

## Epogam: a study in patients

On August 21 (*Staying Healthy* supplement, p10) you carried an item marked EPO success story.

Ewan Miller, the medical director of Efamol, has commented on your reference to the Leicester trials that the trial on Epogam recently reported in *The Lancet* was not a simple placebo-controlled trial, but a study in patients who were already receiving powerful steroids. The aim of the study was to see whether Epogam could produce an effect over and above that of steroids.

Two eczema scoring systems were used in the trial: the established Costa system and a new system developed in Leicester, which did not take account of itching, the most important symptom in eczema.

On the Costa system, Epogam was consistently better than placebo, even for those patients already on powerful steroids. The Leicester system did not show differences between the groups.

For reasons which are unclear, the Leicester investigators chose to report only the results using their score system and ignored the findings obtained with the established Costa system.

The Leicester study showed that, using an established evaluation system, Epogam was consistently better than placebo even in patients already on powerful steroids.

Jean Garon  
Press & PR  
Scotia Pharmaceuticals

*The editor replies:* A double-blind, placebo-controlled, parallel-group study reported in *The Lancet* investigated the response of patients with atopic dermatitis to essential fatty acid supplements. More than 100 patients were randomised to receive evening primrose oil, evening primrose oil and fish oil or placebo for 16 weeks.

Patients were allowed to use topical steroids and emollients as required. They were advised to use topical steroids only on severely affected areas of skin.

The authors of the study, carried out at the Department of Dermatology, Leicester Royal Infirmary, found no effect of essential fatty acid supplementation in atopic dermatitis.

Scotia Pharmaceuticals rejected this conclusion in a letter to *The Lancet* which was

followed by an authors' reply. The difference in interpretation has already received coverage in C&D (*Medical Matters*, August 14, p250).

The authors of the study said that Scotia (manufacturers of Epogam and sponsors of the study) approved the trial design before the study began and raised no objections before the results were known.

## Educate the medical profession first

The patronising attitude of Dr Anna Glasier, an Edinburgh gynaecologist, who says pharmacists are "probably as capable of advising women about its [the morning-after Pill] correct use as a harassed houseman who knows little about contraception", does little to help inter-professional relationships.

This can be taken only as an insult. It seems that we need to use the PSNC's PR budget to educate the medical profession before tackling the general public.

Dr Edna Horne  
Hulme, Manchester



Safeway superintendent pharmacist Julian Ashley re-lives his student days at the "rods" table during the "Welcome" evening at the British Pharmaceutical Conference, Reading University

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**FORCE:** Damon Hill revs up for charity compete without her under the experienced eye of Belgian Grand Prix winner Damon Hill.

After her jolly TV revelations, Fergie is now only booked to attend the lunch. Her latest book is entitled 'Travels With Queen Victoria' and I specially warm to Fergie's claims that she shares the mountains and painting wild flowers in her hair. "When I got married, that's what I did a lot. Every time I went out I put wild flowers in my hair, which is what Andrew liked."

able for the cellars, says the more the more. "They took about left behind more worth up to £200 each."

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LEADERS IN NATURAL HEALTHCARE



## Zantac victory for Glaxo

Glaxo have won their patent infringement case against Canadian company Novopharm, signalling a renewed confidence in the group which drew 44 per cent of their turnover from Zantac.

The announcement, made by Judge Terrence Boyle, ruled in favour of Glaxo's patent on Form 2 ranitidine hydrochloride, the active ingredient in Zantac.

The US District Court rejected the Novopharm claim that the Form 2 patent was invalid, adding that Glaxo had neither engaged in "inequitable conduct" in obtaining the Form 2 patent nor violated the requirement, under US patent law, to disclose the best mode of processing the patent for pharmaceutical use.

The announcement means Glaxo will be able to protect their US interests until 2002, when the

patent expires, and increases their chances of defeating a second patent claim to be brought by another Canadian company Genpharm next May.

However, Zantac is still under attack on a number of different fronts, says Glaxo chief executive Dr Richard Sykes, including the expiry in 1994 of patents of Zantac's main competitor Smithkline Beecham's Tagmet,

and a new generation of drugs such as Astra's Losec.

● Glaxo former chief executive and deputy chairman Ernest Mario is to be given almost £3 million compensation following his removal from the company in March.

The pay-off, one of the largest by a British company, will be made in instalments over three years.

## Numark business packs

Numark are launching a monthly business pack to be distributed to member pharmacists by direct mail.

The personalised pack will include all publications and information formerly distributed by Numark wholesalers, including promotions, order

forms, material relating to retail services, as well as a new newsletter.

"Retailers will have all the relevant promotional and service-related information arriving together on their doorstep each month," said retail services manager Tony Gentle.

"It means they will be able to deal far more effectively with the administrative tasks which are part and parcel of the very busy life of a pharmacist and owner/manager of a business, while ensuring that Numark members are aware of every advantage which the organisation has to offer."

## Astra opt for lump sum

Astra have opted for a lump sum payment to the DoH on many of their community pharmacy products. Under the new PPRS scheme, manufacturers could reduce prices by 2.5 per cent, modulate their prices or opt for a lump sum repayment.

Under the last option, companies estimate the growth of a product over the three-year period, then pay 90 per cent of the 2.5 per cent to the DoH immediately and the remaining 10 per cent at the end of each of the three years.

When asked why the company had opted for this, Astra would only comment that it was an "internal commercial decision".

Astra have informed wholesalers that, with effect from October 1, the company will reduce the NHS prices of a number of products (mainly hospital products) by 2.5 per cent and the wholesaler discounts will remain unchanged.

However, wholesaler discount on all community products, unaffected by the price reduction, will fall from 12.5 per cent to 12.19 per cent for the period that the company has to make the lump sum repayment.



Prime Minister John Major at the opening of Fison's research building, with (from left) Dr John Dixon, Dr Peter Johnson and Aaron Rigby

## Fison's Major opening

Prime Minister John Major believes that Britain's scientific capacity should be encouraged.

He told the audience at last week's opening of Fison's £30 million chemistry and biochemistry research and development block at Loughborough: "We have skills in this country but I wish to encourage more and more of our best brains to look at

chemistry and biology, to actually use their brains in scientific experiments and development."

Fisons are playing a key part in the resurrection of the British economy with their export record, says Mr Major.

The 13,000 sq ft site can accommodate 160 scientists and support staff. The development also includes 18 laboratories.

## Tambrands take on Wisdom

Wisdom have signed an exclusive distribution deal with Tambrands, to take effect from September 27.

Wisdom toothbrushes will now be sold through the Tambrands sales force instead of direct to pharmacies as before.

The move is expected to increase Wisdom's circulation

from 3,000 to 6,000 independent pharmacies a year. Customers can still place transfer orders via their local wholesaler.

● The share price of Tambrands dropped by nearly 10 per cent after an announcement on September 20 that the company's board had abandoned plans for a sale.

## Peter Black strong

Peter Black Holdings have reported an increased turnover of 7 per cent to £40.9 million in preliminary results for year ended June 1993.

## Wrafton expansion

Wrafton Laboratories have been granted 15 new product licences for analgesics and antacids by the Medicines Control Agency.

## Sunday pay

Boots have joined with other major retailers in pledging that no existing or future shopworker will be forced to work on Sundays. Those that do will be paid at a premium rate.

## Revlon award

Revlon's manufacturing and distribution facility at Maesteg has been awarded BS5750/ISO9000, making them the fourth company within the cosmetics, toiletries and perfumes industries to achieve this quality status.

## Capital countdown

The increased capital expenditure allowance, announced by the then Chancellor of the

Exchequer Norman Lamont earlier this year, runs out shortly. Companies have until the end of October to benefit from the increased "write-off" level.

## Becton get ISO9000

Becton Dickinson Consumer Products Division are the first manufacturer of insulin syringes to obtain ISO9000.

## Unichem move

Unichem have moved their sundries warehouse from Sheffield to South Normanton. They now offer a guarantee of delivery of stock within two days of ordering.

## ICI sell Victrex

Imperial Chemical Industries have agreed in principle to sell the Victrex polyetheretherketone business, based at Hillhouse, Lancashire, to a management buyout, backed by a consortium led by CVC Capital Partners.

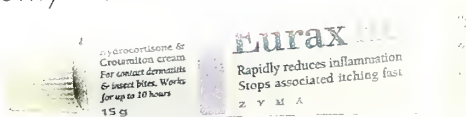
## Merck head to rival

Richard Markham, former president and chief operating officer of Merck, is to take up a similar position at Marion Merrell Dow.





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**ACTIVE INGREDIENTS:** Eurax Hc contains Crotamiton BP 10% and Hydrocortisone BP 0.25%. **Indications:** Relief of inflammation and pruritus associated with irritant contact dermatitis, allergic contact dermatitis and insect bite reactions. **DOSAGE AND ADMINISTRATION:** Adults and children over 10 years: Apply sparingly over a small area twice a day for a maximum period of 1 week. Occlusive dressings should not be used. Not recommended for children under 10 years. **Contra Indications:** Hypersensitivity to any component of the formulation. Bacterial, viral or fungal infections of the skin. Acute exudative dermatoses. Application to ulcerated areas. Use on the eyes/face, ano-genital region, broken or infected skin including cold sores, acne and athlete's foot. **Side-effects:** Occasionally at the site of application signs of irritation such as a burning sensation, itching, contact dermatitis/contact allergy may occur. Use in pregnancy and lactation: Use in pregnancy or lactation should only be at the doctor's discretion. **LEGAL CATEGORY:** P. **PRODUCT LICENCE NUMBER:** 0001/5010R. **PRODUCT LICENCE HOLDER:** Zyma Healthcare, Holmwood, RH5 4NU. **DATE OF PREPARATION:** January 1993. **PRICE:** £2.40.





## More people use Optrex than the leading Analgesic Brand.

Who'd have thought it? Optrex is now used by one in four adults.

In fact, more people now use Optrex than the leading analgesic, the leading cough medicine and more than the most popular indigestion remedy. At this time of year it's among the top 10 selling healthcare brands in pharmacy, and puts



6 times more cash through the till than its nearest eye care competitor.

There is two million pounds in new advertising support starting in August, so Optrex is set to grow even stronger.

So to avoid a headache of your own make sure you put plenty of Optrex where your customers can see it!

†Total market, all sectors, RSGB. \*Source: Independent Retail Audit, May-June 1992.

**OPTREX LOTION AND DROPS.** Solution containing distilled witch hazel B.P.C. 13.0% v/v. Preserved with Benzalkonium Chloride 0.005% w/v in a solution buffered with Borax and Boric Acid. **USES:** For the relief of eye irritations caused by dusty or smoky atmospheres, driving or close work. **DOSAGE AND ADMINISTRATION:** LOTION: Bend head slightly forward, apply the eye bath, 1/2 full, and move head from side to side for at least 1/2 minute keeping the eye lid open. DROPS: Gently squeeze 1 or 2 drops into each eye. **CONTRA INDICATIONS:** Not suitable for use whilst wearing hydrophilic (soft) contact lenses. **SIDE EFFECTS:** May occasionally cause hypersensitivity reactions. **PACKAGING QUANTITIES:** LOTION: Bottles containing 110ml and 300ml. **GSL.** DROPS: 10ml and 18ml. **PL.** RSP. Lotion 110ml with eye bath £2.75. Lotion 110ml £2.35. Lotion 300ml with eye bath £3.99. Drops 10ml £2.25. Drops 18ml £2.85. **PL.** Lotion 0062/S000 Drops 0062/S003 Crookes Healthcare Ltd, Nottingham NG2 3AA. **CLEARINE.** Solution containing Distilled Witch Hazel B.P.C. 12.5% v/v. Naphazoline Hydrochloride B.P. 1968 0.01% w/v (as preservatives) Benzalkonium Chloride Solution B.P. 0.008% v/v. Methyl Hydroxybenzoate B.P. 0.02% w/v. Propyl Hydroxybenzoate B.P. 0.005% w/v. **USE:** For the temporary relief of redness of the eye. **PRECAUTIONS:** Not recommended for use in children under 12 years of age. **DOSAGE:** 1 or 2 drops in each eye, no more than four times daily. **CONTRA INDICATIONS:** Not to be used by persons suffering from glaucoma or serious eye diseases or persons who have had previous eye surgery. Persons being treated for high blood pressure, depression, heart disease, diabetes or increased thyroid gland activity should consult their doctor before use. Not to be used by contact lens wearers whilst wearing lenses. **SIDE EFFECTS:** May cause transient irritation and stinging. Continued use of this product may increase redness of the eye. **PACKAGING QUANTITIES:** 10ml plastic bottle. **PL.** RSP £2.65. **PL:** 0062/0024 Crookes Healthcare Ltd, Nottingham NG2 3AA.





# Unichem are still on the up

Unichem's success story continues, with their half-year results showing record results. Pre-tax profits were up 43 per cent to £18 million while group sales increased by 14.7 per cent to £574 million. An interim dividend of 2.2p was declared, an increase of 15.8 per cent.

Chief executive of Unichem, Jeff Harris, said 1993 was a tough year with the full impact of last year's cut in generic medicine prices being felt, as well as the 2.5 per cent cut imposed by the new PPRS scheme, a slow over-the-counter market and further de-listing of prescription products.

But Mr Harris forecast that the market for medicines would grow in volume (+4.5 per cent) and value (+4.5 per cent) in 1993 and 1994.

Within the wholesale division, increased automation in the warehouses had reduced labour costs and increased the speed and

accuracy of order filling. In the Preston warehouse, 80 per cent of the medical products are picked automatically.

The retail division continued to show growth with the acquisition of 34 shops in the half year. This division, with sales of £51.7m, accounts for around one-sixth of the group profits. In April, the Elliott Godfrey Group of 16 pharmacies in the south was acquired for £5.6m. Unichem say they will continue their selective acquisition of quality shops.

Customers taking part in the company's Goldpartners scheme are giving the required commitment, and it has contributed to revenues and profits.

The Kodak developing and printing service, which was launched in December 1992, has proved highly successful. In six months, 2,000 customers have been signed up. Its estimated market share for pharmacy developing and printing is more

than 30 per cent. The turnover this year is targeted at £6m.

Sales in the hospitals market were up 42 per cent to £20m in the half-year. Acting as agents for companies such as Glaxo and Zeneca has enabled Unichem to win substantial wholesaler contracts.

The company has recently been appointed prime wholesaler to the East Anglia Regional Health Authority, a contract worth £5m per year in sales.

Undiluted earnings per share are up 16 per cent to 8.6p, while fully diluted earnings showed an increase of 15 per cent to 8.3p.

The half-year results from Portugal showed sales of £34.7m at an operating profit of £700,000.

Mr Harris said Unichem has continued to outpace competitors because "our service to customers is second to none". He expects Unichem's growth to continue.

## LIG to sell photo division?

Speculation that the London International Group will sell their photo-processing division intensified after analysts cut annual profit forecasts for the group from £35 million to £18m.

This followed LIG's second profit warning in seven months, and was compounded by the announcement of the early retirement of chief executive Tony Butterworth.

The photo-processing arm normally makes its profits in the first half of the year, covering the Summer, but is likely to make a loss this year. The health and personal products division has been hit by recession and restructuring, but is predicted to pull back in the second half of the year.

## TPi offer marketing skills

TPi Marketing is a new company which has been formed to offer manufacturers help in developing their business with the major multiples.

Specialising in non-food products, TPi will help with the development of effective sales strategies, pricing policies, advertising and promotions.

Managing director Tony Patrick says: "We have a wealth of skill and experience to assist our clients in driving their business forward. We work on a total assignment basis or evaluate and recommend improvements to clients' own plans."

## US proposals give hope to drug firms

US healthcare reform proposals, due to be announced as *C&D* goes to Press, will result in a drop in earnings, say US brokers Salomon Brothers.

Growth in average earnings of nine of the top ten US drug companies will fall in 1996 to 6.6 per cent, from a previously expected 8.4 per cent. This excludes Marion Merrell Dow, whose earnings are expected to fall 27 per cent without the reforms.

The reforms are expected to exclude high-priced drugs from Medicare, the state programme for the elderly.

Unexpectedly, it is said there is no provision for direct controls on the price of new or existing drugs.

## Wellcome relief for Centocor

Wellcome have bought two million new shares in the American bio-technology company Centocor giving them a 5 per cent stake.

Wellcome will help in the development and marketing of some of Centocor's oncology drugs, in particular Pancorex, which is in final phase clinical trials in Germany.

Centocor was one of America's top five bio-technology companies until last year when their Centoxin anti-bacterial failed to gain approval from the Food and Drug Administration.

## Cheap loans mean easy buys for pharmacists

Milbourne Insurance Services have special packages for pharmacists which take advantage of the current low interest rates.

These packages are designed to help pharmacists buy or re-finance their premises with fixed rate commercial loans valid for up to 15 years.

Optional additions are available including interest rate switches and capital "holidays", where mortgage interest only is paid. Further information is available by telephoning 081-949 7976.

## Peterborough's open door

Peterborough Software have developed the Open Door Integrated Manpower/Payroll system specifically for the National Health Service.

The system comprises modules for personnel and establishment control, recruitment and training administration, absence management, including statutory sick pay and statutory maternity pay, and payroll.

Whitley pay scales are supplied with the system and maintained by Peterborough Software. Facili-

ties are provided for locally negotiated payscales.

The system runs on a variety of hardware platforms and provides full integration with other applications. It can be used by Trust and non-Trust systems.

Open Door will be demonstrated at the National Association of Health Service Personnel Officers conference (Wembley Hilton, September 24-26) and the NHS Trust Federation conference and exhibition (Torquay, September 28-30).



Chemex proved to be the ideal venue to show the new software packages POSHH CheckOut and POSHH HeadOffice from Hadley Hutt Computing. Pictured above is NPA's business service manager Trevor Williams — the NPA is endorsing the systems — and Mike Hadley



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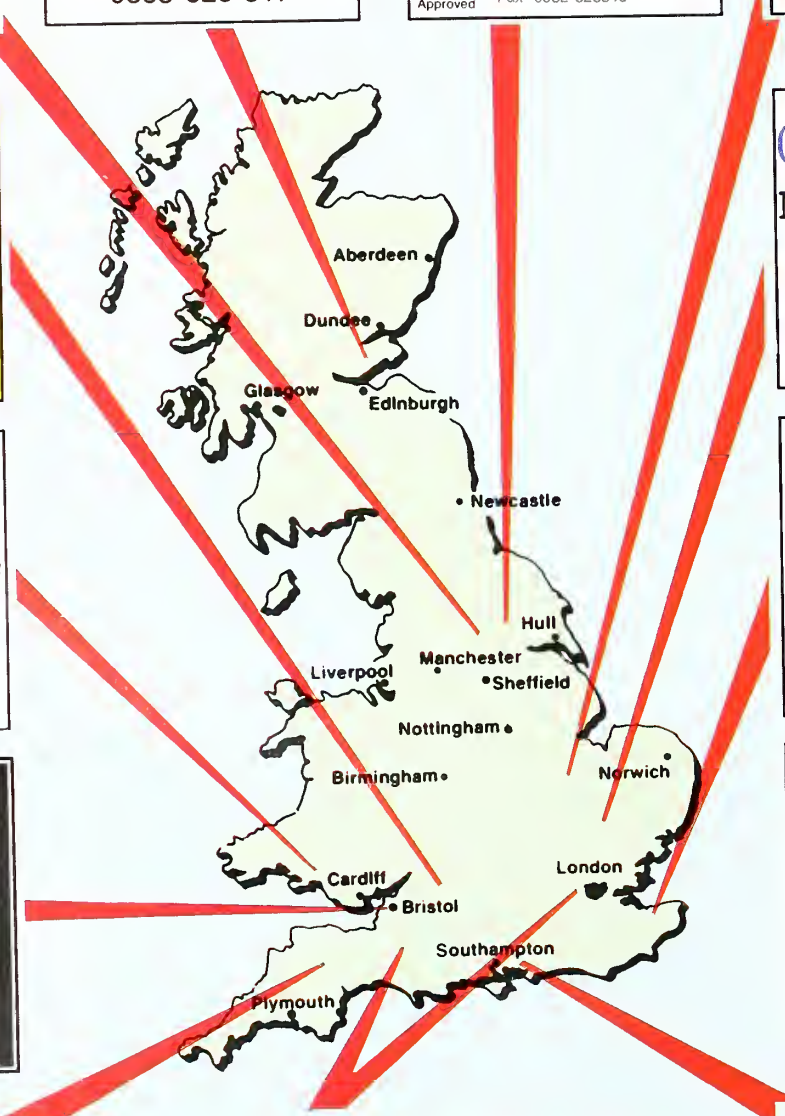
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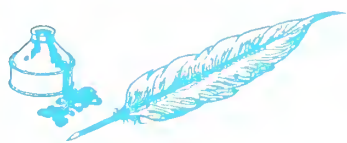
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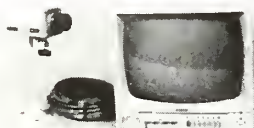
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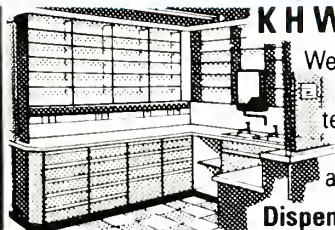
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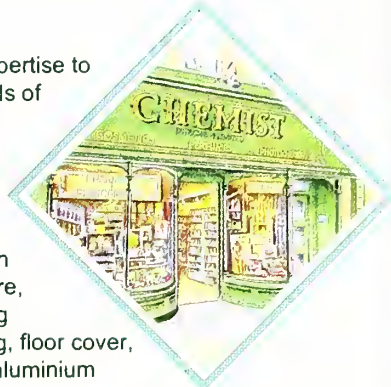
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# Aboutpeople

## Pharmacist and GP team up for cycle ride

East Sussex pharmacist Stanley Steadman teamed up with his local doctor recently for a 471 mile bicycle ride from Land's End to his home town of Robertsbridge, to raise money for the local surgery, Oldwood.

He and Dr Robert McNeilly raised more than £4,000 for the Help Oldwood Purchase Equipment (HOPE) fund.

The whole village is helping the surgery in its quest for new equipment, and several other events are running in conjunction with the cycle ride.

The journey took seven days and the pair stayed with friends along the way. The hardest part was the day spent cycling through the Tamar Valley, said Mr Steadman.

"It was hard work but I enjoyed

it. We met lots of interesting people along the way."



Stanley Steadman (left) with Dr Robert McNeilly at the start of another hard day's cycling

## BPSA seeks hosts for foreign students

The British Pharmaceutical Students' Association is appealing for pharmacists willing to host foreign students and young pharmacists wanting to experience pharmacy in the UK.

The scheme is run by the International Pharmaceutical Students' Federation, of which the BPSA is a founder member. It offers British undergraduates and newly qualified pharmacists the chance to apply for vocational work experience in one of the other 35 member countries. In return, it is the BPSA's responsibility to find pharmacy work experience for foreign students in the UK.

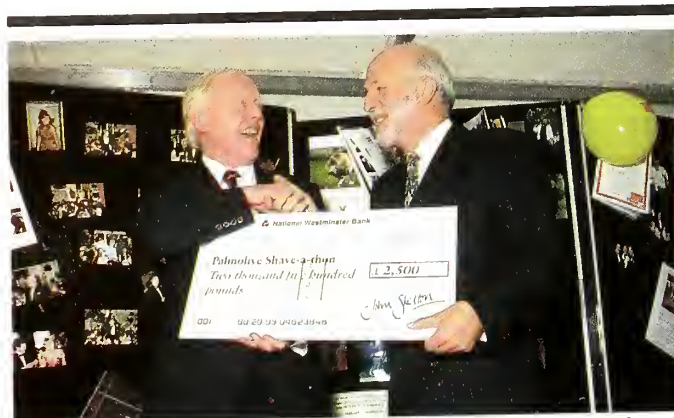
Naomi Smith, BPSA International Liaison Secretary, is looking for hosts for students from countries including Canada, Finland, Ghana and Poland.

All the applicants are hoping to be given the opportunity to experience pharmacy in our country and to learn about our culture, she says. "I am hoping not to have to disappoint them."

Acting as a host entails offering the applicant work experience in your branch of pharmacy (community, hospital, industry or university research) for a period from four weeks up to six months at your discretion.

Pocket money of about £25 a week and accommodation are provided. All visas, travel and insurance arrangements are the responsibility of the applicant.

Ms Smith acts as a coordinator between hosts and exchange students. For details contact her at 2 Fitzhamon Road, Porthcawl, Mid-Glamorgan CF36 3JA.



Eddie O'Gorman (left), chairman of the Paul O'Gorman Foundation for Children with Leukaemia, accepts a cheque for £2,500 from John Skelton, Editor of *Chemist & Druggist*. Earlier this year this infamous hack revealed — just for a month — the face behind the fuzz by taking part in the Colgate-Palmolive Shave-a-thon to support the work of the Foundation. Major cheques came from Crookes Healthcare, Colgate-Palmolive, and C&D's publishers, Benn Publications, with personal friends and colleagues stumping up the rest. On behalf of Eddie and his wife Marion, and the children they so much want to help — thank you all



Graham Laver (left), with his staff at Moss Chemist, Ashford, arranged an art exhibition and sale to help raise money for Macmillan Nurses

## Moss aim for £25,000

Paintings went under the hammer last weekend to add £3,829 to the Moss Chemist appeal for Macmillan Nurses.

Grahame Laver, pharmacist manager at Moss Chemist in Ashford, Middlesex, arranged an art exhibition and sale at his home. Many people donated paintings, including Norman Willis, former TUC chairman.

Moss sponsor a different charity each year and so far this year they have raised £12,000 for the Macmillan Nurses. Roger Cotton, personnel and professional services executive for Moss Chemist, hopes to raise £25,000 which will pay for one Macmillan Nurse for a year.

All the branches are participating in the fund-raising, with sponsored pub crawls in

fancy dress, raffles and sponsored swims just some of the events being held.

"It's going extremely well," said Mr Cotton. "We are nearly halfway there."

At the Moss Assistant of the Year final on October 27 the Macmillan Nurses will be presented with a cheque for cash raised to date.

## Appointments

**Nick Hodges** takes over as chief executive officer for the London International Group following the resignation of Tony Butterworth. Mr Hodges joined the Group in 1982 where he has held a number of senior management positions. Most recently he was managing director for Europe, Middle East and Africa — LIG's largest operation. He was also responsible for pioneering the introduction of Biogel gloves worldwide.

Cow & Gate Nutricia have appointed two senior product managers — **Steve Purnell** and **Catherine Dymond** — to the Meals Marketing Group.

**Professor David Lawson** succeeds Professor Dame Rosalinde Hurley as Chairman of the Medicines Commission.

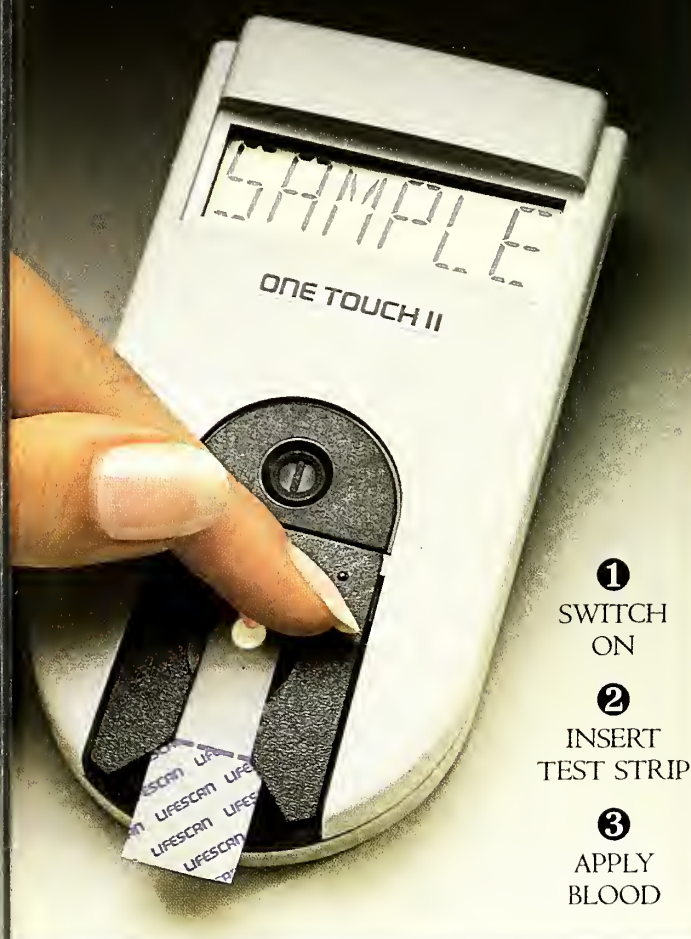
**Tony Watson** has joined Kent Brushes as national sales manager.

Facit, suppliers of specialist computer printer solutions, have appointed **Janet Barraclough** as sales manager for North London.

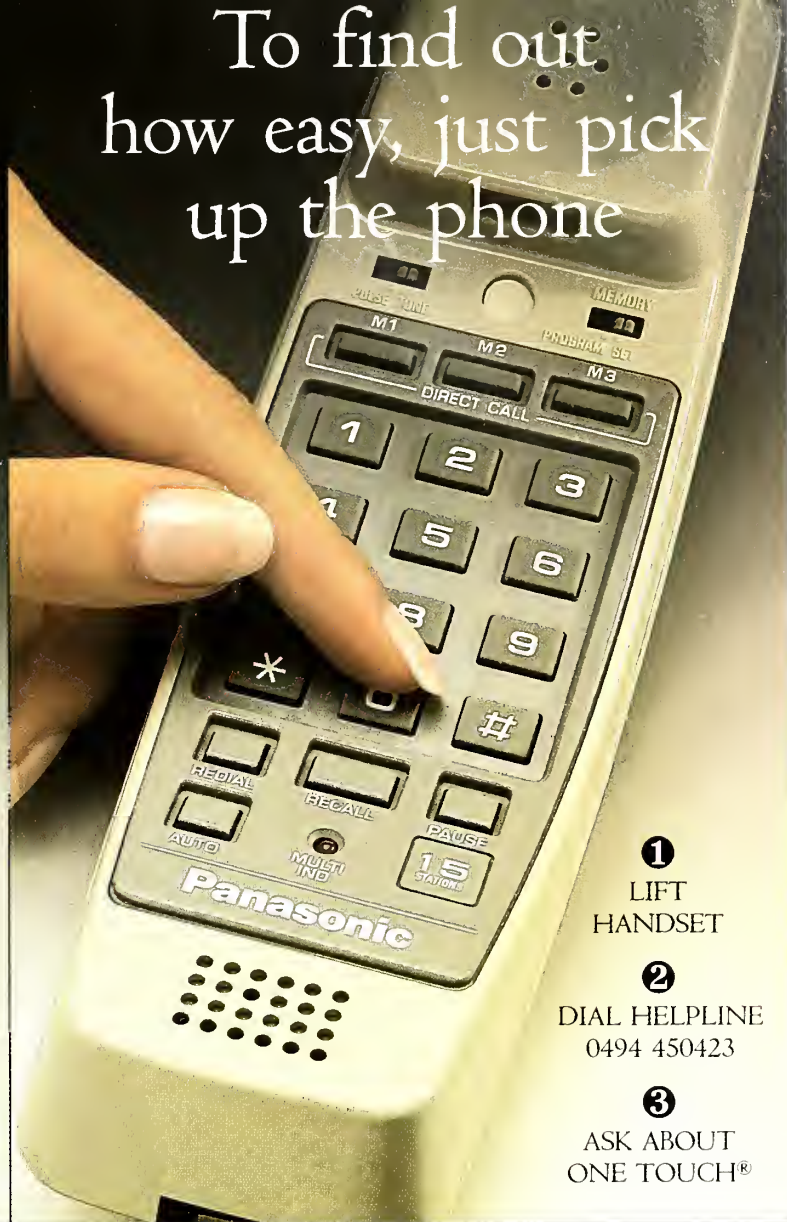


One Touch® II  
is so easy  
to use

To find out  
how easy, just pick  
up the phone



- 1 SWITCH ON
- 2 INSERT TEST STRIP
- 3 APPLY BLOOD



- 1 LIFT HANDSET
- 2 DIAL HELPLINE  
0494 450423
- 3 ASK ABOUT  
ONE TOUCH®

One Touch® blood glucose monitoring systems (One Touch® II and One Touch® Basic™) are generating great interest with patients because they are so easy to use - with no wiping, no blotting and no timing. That interest is increasing rapidly since the test strips became available on NHS prescription.

One Touch® meters are also popular with medical staff for their exceptional accuracy and, in the case of One Touch® II, for its numerous features (including a 250-test memory, which captures results by time and date; 14 day average and a data port for connection to either a computer for analysis of results or a voice synthesiser for use by the blind or visually impaired patient). "Smart Optics" have virtually eliminated procedural errors.

The patient benefits provided by the One Touch® II and the One Touch® Basic™ means that they can be recommended by pharmacists with confidence. The retail pharmacist can also be confident of achieving a gross profit of greater than 30%!

Since consumer advertising is generating a high demand, LifeScan would like to assure retail pharmacists and wholesalers of their commitment to a high level of service. Leaflet dispensers, window displays and posters can be provided free of charge.

We have representatives in all areas, as well as the LifeScan Helpline to offer information and demonstrations of One Touch® systems.

For further information please contact either John Hughes or Vivienne Carr at the address below.

**ONE TOUCH®**

**LIFESCAN**

a Johnson & Johnson company

One Touch®  
Test strips are now  
available on NHS  
prescription

LifeScan, Enterprise House, Station Road, Loudwater, High Wycombe, Bucks HP10 9UF. Tel: 0494 450423.



## PRODUCT INFORMATION

**Presentation** Canesten 10% VC is available as a single pre-filled applicator containing 5g of 10% clotrimazole vaginal cream.

**Canesten 1** is available as a single vaginal tablet containing 500mg clotrimazole and an applicator in which to place the tablet for insertion. Uses Candidal vaginitis. Dosage and

**Administration** Canesten 10% VC. Adults Insert the contents of the pre-filled applicator intravaginally, preferably at night.

**Canesten 1**. Adults Place the Canesten 1 vaginal tablet in the applicator, and insert

intravaginally, preferably at night. **Children** Since both of these products are used with an

applicator, paediatric usage is not recommended. **Contra-**

**indications** Hypersensitivity to clotrimazole. **Side-Effects** Rarely patients may experience local

mild burning or irritation immediately after inserting the cream. Hypersensitivity reaction

may occur. **Use in Pregnancy** In animal studies clotrimazole has not been associated with

teratogenic effects but following oral administration of high doses to rats there was evidence of

foetotoxicity. The relevance of this effect to topical application in humans is not known.

However, clotrimazole has been used in pregnant patients for over a decade without

attributable adverse effects. It is therefore recommended that clotrimazole should be used in

pregnancy only when considered necessary by the clinician. If used during pregnancy extra care

should be taken when using the applicator to prevent the possibility of mechanical trauma.

**Accidental Oral Ingestion** In the event, routine measures such as gastric lavage should be

performed as soon as possible after ingestion. **Pharmaceutical**

**Precautions** Canesten 10% VC Do not store above 25°C.

**Canesten 1** No special storage precautions are necessary. **Legal**

**Category.** P. **Retail Selling**

**Price** £5.95 for each product.

**Product Licence Number**

**Canesten 10% VC** PL 0010/0136,

**Canesten 1** PL 0010/0083. **Date**

**of Preparation** August 1992.

**References:** 1. Cohen L., *Curr*

*Med Res Opin* 1985; 9 (8): 520-3.


2. Milsom I., Forssman L. *Am J*

*Obstet Gynecol* 1985; 152 (7/2):

959-961.

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# IF IT'S THRUSH, RECOMMEND CANESTEN



Following its introduction, Canesten has become one of the most successful OTC brands ever.

It is available either as vaginal cream or vaginal tablet/pessary, which gives your customers the choice of two presentations of the same effective treatment (over 90% of all women successfully treated with a single dose<sup>1,2</sup>).

This success further reinforces Canesten's position as the unchallenged market leader, both as a prescription and OTC therapy. And, given the reception of Canesten by your customers, it contributes to your success as well.

We at Bayer shall continue to support you with heavy investment in advertising and a complete range of educational materials for consumers and your staff. To make sure Canesten stays ahead of the field, we are rolling out Canesten TV advertising in many more regions and stepping up advertising in women's journals.

Please make sure your stock is at an adequate level; and contact us for a copy of the comprehensive Professional Guide and other educational materials.

**Bayer** 

For a free copy of the Professional Guide, contact:  
Bayer plc, Pharmaceutical  
Business Group, Bayer House,  
Strawberry Hill, Newbury,  
Berkshire RG13 1JA.

**Canesten**®  
clotrimazole